



APPLICATION FOR ENTRY – INTERNATIONAL STUDENT:

Please Note: *Failure to disclose all requested and/or relevant information, including special needs, may result in a student's enrolment, if offered, being terminated*

Student's Personal Details:

Full Legal Name of Student: **Family Name:** _____ **Given Names:** _____

Preferred Name of Student: **Family Name:** _____ **Given Names:** _____

Home Address of Student: _____

Date Of Birth: _____ **Year Of Entry:** _____ **Year Level:** _____ **Sex:**
 M F

Course Start Date: _____ **Course End Date:** _____

Student Enrolment: **Day Student** **Boarding Student**

Country Of Birth: _____ **Nationality:** _____ **Ethnic Background:** _____

Passport No: _____ **Australian Visa Number** (if known) _____

Language spoken at home other than English:

Current School:

Name Of School: _____ **Year Level:** _____ **No of Years Attended:** _____

FAMILY DETAILS – Student's Primary Residence

Parent(s)/Legal Guardian Details:

Full Name of **Father** **Stepfather** **Guardian** **Other**

Title: _____ Family Name: _____ Given Names: _____

Occupation: _____ Employer: _____

Residential Address: _____

Postal Address: _____

Telephone: Home: _____ Business: _____ Mobile: _____

Facsimile: _____ Email: _____

Country Of Birth: _____ Nationality: _____ Ethnic Background: _____

Relationship to Student: _____ Languages spoken at home: _____

Full Name of **Mother** **Stepmother** **Guardian** **Other**

Title: _____ Family Name: _____ Given Names: _____

Occupation: _____ Employer: _____

Residential Address: _____

Postal Address: _____

Telephone: Home: _____ Business: _____ Mobile: _____

Facsimile: _____ Email: _____

Country Of Birth: _____ Nationality: _____ Ethnic Background: _____

Relationship to Student: _____ Languages spoken at home: _____

ONLY COMPLETE THIS SECTION IF THE STUDENT 'S BIRTH PARENTS ARE NOT RESIDING TOGETHER

Parents Separated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Student lives with father only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Parents Divorced	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Student lives with mother only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Father Deceased	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Student lives in shared arrangement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mother Deceased	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Student lives with Legal Guardian	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Family Court or other relevant Court Order*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Domestic Violence Order*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------	--------------------------	-----	--------------------------	----	--------------------------

If **Yes**, the School must be given a copy of any relevant documentation and subsequent revisions/updates

If **Yes**, the School must be given a copy of any relevant documentation and subsequent revisions/updates

With whom should the School communicate regarding day to day matters?

ENGLISH PROFICIENCY

How long have you studied English? _____

All Souls St Gabriels School expects that overseas students will already be studying English.

We do not have a standard test of English for enrolment, but ask that the student's present English teacher provides a comment on the student's progress in English.

HEALTH INSURANCE COVER

Do you want the School to organise overseas health cover? Yes No

(Please note that overseas health cover must be arranged before arriving in Australia and is a requirement of your visa)

Additional Information if Relevant

STUDENT NEEDS PROFILE:

We need to know if the student has any condition that may impact on full participation in the school program, or require special medication, attention or support. Please indicate if the student has any of the following, and provide details. Attach additional information if space is insufficient.

Has the student ever repeated a year? Yes* No

*If Yes, please provide details:

Has the student ever been accelerated (skipped) a year? Yes* No

*If Yes, please provide details:

Has the student had symptoms/treatment/diagnosis for any of the following conditions?

If Yes, please identify what type:

- | | | | |
|-----------------------|--------------------------|-------------------------------|--------------------------|
| ADD/ADHD | <input type="checkbox"/> | Non Verbal Learning Disorder | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Physical Disability | <input type="checkbox"/> |
| Anaphylaxis | <input type="checkbox"/> | Psychological Condition | <input type="checkbox"/> |
| Autism/Aspergers | <input type="checkbox"/> | Social/Emotional Difficulties | <input type="checkbox"/> |
| Hearing | <input type="checkbox"/> | Speech/Language | <input type="checkbox"/> |
| Intellectual | <input type="checkbox"/> | Vision | <input type="checkbox"/> |
| Learning Difficulty | <input type="checkbox"/> | | |
| Other (specify below) | | | |

If the applicant has one of the above special needs, how does it impact on the student as a learner.

Has a specialist ever assessed the student for development, learning and behavioural characteristics? Yes* No

*If Yes, please specify

- | | | | | | | | |
|--------------------|--------------------------|------------------------|--------------------------|---------------------------|--------------------------|--------------|--------------------------|
| Guidance Officer | <input type="checkbox"/> | Occupational Therapist | <input type="checkbox"/> | Paediatrician | <input type="checkbox"/> | Psychiatrist | <input type="checkbox"/> |
| Child Psychologist | <input type="checkbox"/> | Speech Therapist | <input type="checkbox"/> | Developmental Optometrist | <input type="checkbox"/> | | <input type="checkbox"/> |

Other _____

Do you have a report from the above Specialist? Yes* No

Has the student participated in a learning enrichment program? Yes* No

*If Yes, please provide details:

Has the student ever received Learning Support/Special Aide Assistance? Yes* No

*If Yes, please provide details:

Has the student ever been "Ascertained". If yes, please state current level? Yes* No

(Ascertainment is based on an educational need arising from a disability. It is a collaborative decision making process used to recommend the level of specialist educational support needed by students with learning disabilities. This education support is provided by or accessed through specialist teaching personnel.)

Ascertainment Level: _____

Has behaviour management ever been an issue with the student in a School or any other educational setting? Yes* No

*If Yes, please provide details:

Has the student ever been suspended (internally/externally), Excluded or expelled from any School or any other educational setting? Yes* No

*If Yes, please provide details:

Have you ever withdrawn the student from any school or educational facility following any disciplinary incident? Yes* No

*If Yes, please provide details:

Has the student ever been involved in, or with, any form of bullying? Yes* No

*If Yes, please provide details:

Has the student ever been found to be involved with illegal substances? Yes* No

*If Yes, please provide details:

STUDENT'S MEDICAL NEEDS:

Does your child take any routine medication or undergo any routine treatment?

Yes*

No

*If Yes, please provide details:

Has your child had a serious accident, illness or operation?

Yes*

No

*If Yes, please provide details:

Should restrictions be placed on your child's activities?

Yes*

No

*If Yes, please provide details:

Is your child's immunization up to date?

Yes*

No

*If No, please provide details:

Has your child been immunised against:

Hep B

Yes

No

Chickenpox

Yes

No

Meningococcal C

Yes

No

Gardasil

Yes

No

Date of last Tetanus Injection: _____

Additional Information if Relevant

FINANCIAL INFORMATION:

Who will be responsible for the payment of fees?

Will the account mailing address be the same as the student/parent's residential/postal address?

Yes

No*

*If *No*, please provide address details for account mailing:

ENROLMENT POLICY – TERMS AND CONDITIONS

- 1.0 A priority for enrolments is to ensure that All Souls St Gabriels School creates a community that will both nurture and support students.
- 1.1 Application for admission of a student can only be made on this official application for enrolment for and accompanied by:
- (a) non-refundable application fee of \$AUD250.00;
 - (b) copy of prospective student's passport;
 - (c) copies of School reports for the previous two years (English transcript);
 - (d) a written character reference from the current school;
 - (e) current medical reports/information – e.g. allergies, asthma or diabetes (this is required for the purpose of enabling All Souls St Gabriels School to assess how to meet any health or medical requirements of the student);
 - (f) other relevant allied health professional reports which may refer to social/emotional, behavioural or additional learning needs that are pertinent to the student, e.g. speech, language or occupational therapists, psychologist or audiologist – in some cases an updated report may be requested by the School (this is required for the purpose of enabling All Souls St Gabriels School to assess how to meet any health or other needs of the student);
 - (g) statement of English level by current School teacher

All of the above information/reports must be presented with this application. This application will not be assessed until all of the above information/reports have been provided (where applicable).

- 1.2 In determining an offer of enrolment, the following factors shall be considered:
- (a) siblings (of existing students) and children of former students;
 - (b) students returning from an approved leave of absence;
 - (c) capacity to resource identified additional learning and/or support needs – where a student has been identified as having additional needs, an initial enrolment interview with parents may be requested and as assessment of the student's needs may be undertaken by All Souls St Gabriels School or an independent body; and
 - (d) date of receipt of application.
- 1.3 Tours of All Souls St Gabriels School are conducted upon request as an early phase of the enrolment process

- 1.4 Programs and subjects offered may vary from time to time
- 1.5 If a vacancy arises throughout the year in any year level, the Head of Enrolments will contact families on the wait list to organise a formal interview. This can be with the Headmaster or their delegate. Where possible, both parents are asked to accompany their child to this interview and the two most recent school reports must be provided prior to the interview.
- 1.6 **All Souls St Gabriels School's expectations of parents:**
- (a) involvement in and commitment to All Souls St Gabriels School;
 - (b) prompt payment of term fees by the specified date;
 - (c) willingness to work through issues, when they arise in an atmosphere of mutual respect;
 - (d) willingness to obtain additional assessment/s if requested to assist in the student's future learning;
 - (e) abide by the conditions as stated in the enrolment agreement and other All Souls St Gabriels School policies; and
 - (f) agree to adhere to All Souls St Gabriels School procedures, e.g. wearing correct uniform.
- 1.7 **All Souls St Gabriels School's expectations of students:**
- (a) attendance requirements (as governed by the Education General Provisions Act 1989 and other relevant Acts, including the ESOS Act governing the enrolment of international students);
 - (b) behavioural expectations;
 - (c) educational expectations;
 - (d) homework expectations;
 - (e) uniform policy;
 - (f) participation in all School programs – camps, excursions, carnivals, sporting, cultural and co-curricular activities as required; and
 - (g) involvement in all aspects of chapel devotions and assemblies.

Any matters relating to additional needs of the student will be raised in discussion,

In confirming an enrolment, parents accept or agree to adhere to all All Souls St Gabriels School policies. If an offer of enrolment is made, parents and students are asked to complete all necessary documentation and amend any personal details which have been changed. Enrolments are confirmed on receipt of payment of the Enrolment Confirmation Fee \$AUD250.00 within 14 (fourteen) days of receiving the offer.

- 1.8 Should the enrolment not proceed, the Enrolment Confirmation Fee is non-refundable.
- 1.9 The Headmaster reserves the right to offer or decline to offer a place, and to offer subjects or activities within the constraints of the School.
- 1.10 A separate refund policy applies to the enrolment of international students which states clearly the procedures in place for the return of fees paid in advance if the enrolment of an international student is terminated. A copy of this policy is available in the relevant International Student Handbook

DECLARATION

All students and parent(s) or legal guardians (if the student is under 18 years of age) must read and sign the written agreement:

I/We hereby apply for admission of _____, whose details appear on the Application for Entry – International Students Form, accept and confirm We/I have received and understood information from All Souls St Gabriels School regarding the following:

- The course/s in which I/the student is being enrolled
- All Souls St Gabriels School's Refund Policy
- All course and course related fees
- The sharing of personal information
- Change of address obligations
- Conditions on enrolment in this course/s

I/We understand that it is a condition of enrolment that the student agrees to abide by all School policies for the duration of their enrolment. These are:

- Accommodation & Welfare Policy
- Complaints & Appeals Policy
- School Course & Attendance Policy
- Student Transfer Request Policy
- Deferment, Suspension and Cancellation Policy

I/We understand that the initial and continuing enrolment of my/our child at All Souls St Gabriels School is dependent on open and honest disclosure of information relating to the educational needs, health and wellbeing of my/old child

I/We understand that the student is obliged to notify the School of any change of address and contact details (including telephone, mobile and email address) while enrolled at the School. The student understands that this is to ensure that any breaches are sent to the student's current address.

I/We understand that the School will review its fees on an annual basis.

I/We understand that the School does not insure the student's property if any description.

I/We understand to support the ethos of All Souls St Gabriels School and its rules, regulations and work programs, including any subsequent changes that may be introduced.

I/We agree to have our child's image used for promotional/marketing purposes.

I/We have read, understood and agree to the terms and conditions of the enrolment policy and the Written Agreement for International Students.

I/We accept that the Headmaster of All Souls St Gabriels School reserves the right to cancel my/our child's enrolment at All Souls St Gabriels School in the following circumstances:

- for breach of rules and regulations;
- for non-payment or late payment of All Souls St Gabriels School fees;
- if I/we have provided any false or misleading information to All Souls St Gabriels School;
- if I/we have failed to disclose relevant information that was requested by All Souls St Gabriels School;

- if my/our child's circumstances change and those circumstances affect the ability for All Souls St Gabriels School to provide the necessary resources to accommodate my/our child's needs.

I/We understand that on a student commences at All Souls St Gabriels School, one full term's notice in writing to the Headmaster is required before a student is withdrawn from the School, or a term's fees will be charged in lieu of notice. This does not apply to students exiting at the end of Year 12. All offers of placement are made at the discretion of the Headmaster of All Souls St Gabriels School.

I/We give permission for All Souls St Gabriels School to contact my/our child's previous/current school or nominated health professional to seek further documentation.

I/We authorise the Headmaster or appointed staff member to act in "loco parentis" in the event of my/our child requiring urgent medical attention because of injury or some other condition and to arrange appropriate treatment and agree to pay for all medical expenses incurred through this treatment,

I/We further authorise a qualified practitioner to administer anaesthetic if such an eventuality arises at a time when a parent cannot be contacted. I/we submit all medical information about my child.

I/We authorise the staff involved to make the necessary arrangements in the event of medical assistance being necessary, and I agree to pay all expenses incurred on behalf of the above student.

I/We have read, understood and agree to the terms and conditions of the Enrolment Policy.

(1) Parent/Guardian:

(Please print full name)

Signature:

Date:

(2) Parent/Guardian:

(Please print full name)

Signature:

Date:

Student:

(Please print full name)

Signature:

Date:

INTERNATIONAL APPLICATION FEE PAYMENT FORM

Student Details

Family Name: _____

Given Name: _____

Entering Year Level _____ In Year _____

Method of Payment

- Credit Card (please complete credit card payment details below)
- Money Order (please attach to Application for Entry – International Student)
- Cheque (in AUD, attach to Application for Entry – International Student)
- Bank Transfer (refer to payment instructions below)

Credit Card Payment Details

- Visa Card MasterCard

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Name on Card _____

Expiry Date

	/	
--	---	--

Payment amount of \$AUD _____

Instructions for Bank Transfer

Bank Westpac

Branch Charters Towers, Queensland

BSB (Branch Number) 034 170

Account Number 144539

Account Name ASSG Inc.

Quote student's full name as the reference

ENROLMENT CHECKLIST

Please use the checklist to confirm that all documentation is enclosed with this application. Please note that your application will not be processed unless all the listed information is supplied.

- 1 A completed and signed Application for Entry – International Student
- 2 Copies of the student’s academic reports for the last two (2) years (English transcript)
- 3 Declaration from current English teacher on current English language progress
- 4 Copy of the student’s passport (must include photo)
- 5 A written reference from current school (English transcript)
- 6 Copies of any relevant specialist/health professional reports and assessments
- 7 A statement or certificate from a qualified Medical Practitioner confirming applicant’s health status
- 8 A copy of the student’s visa (if applicable)
- 9 Signed Declaration for International Students
- 10 Application Fee of \$AUD250.00 AUD (completed Payment of Application Fee Form)

PLEASE RETURN THE COMPLETED APPLICATION FORM AND ALL ATTACHED DOCUMENTATION TO:

Head OF Enrolments
All Souls St Gabriels School
P O Box 235
CHARTERS TOWERS QLD 4820

T: +61 7 4787 1433
F: +61 7 4787 3049
E: enrolments@allsouls.qld.edu.au
W: www.allsouls.qld.edu.au

SCHOOL ASSOCIATIONS:

Past Students of All Souls St Gabriels School

Are any family members past students?

Yes* No

*If Yes, please provide details

Previous name/s (if applicable)

Years at ASSG _____

Years at ASSG _____

Years at ASSG _____

Do you have children currently studying at our School?

Yes No

Name	Year	Name	Year

Do you have other children currently enrolled to attend our School?

Yes No

Name	Year	Name	Year

Are any of the family former students of All Souls St Gabriels School?

Yes No

Name	Relationship	Year at ASSG's	House

Do you know any students currently studying at All Souls St Gabriels School or who will be entering the same year as the student?

Yes No

Name	Year	Name	Year

How did you hear about All Souls St Gabriels School?

Word of mouth Radio Newspapers Website
 Friends Local Knowledge Other _____

What are your main reasons for seeking enrolment at All Souls St Gabriels School:

Co-education Academic Program Co-curricular
 Broad Curriculum Discipline Proximity
 Christian Ethos Traditions Cost

Other factors:

ADDITIONAL STUDENT INFORMATION:

Curricular Activities

<p>Music</p> <p>Please provide detailed examination results, current ensembles or achievements that may be of interest</p>	
---	--

<p>Sport</p> <p>Please indicate the sports participated in, Detail achievements/experience or awards</p>	
---	--

Swimming Ability Non-Swimmer Average Swimmer Above average Swimmer

Please tick appropriate box

<p>Visual Arts & Performing Arts</p> <p>Detail achievements/experience or awards.</p>	
--	--

<p>Other</p> <p>Details achievements/experience or awards.</p>	
---	--