



APPLICATION FOR ENROLMENT

PERSONAL INFORMATION Please PRINT clearly

☐ Male ☐ Female

Given Name _____

Date of Birth _____

Country of Birth _____

Family Name _____

Preferred Name _____

Country of Citizenship _____

Passport Number _____

Father's Name _____

Address _____

Country _____

Post Code _____

Home Phone Number _____

Mobile Phone _____

Email _____

Mother's Name _____

Address _____

Country _____

Post Code _____

Home Phone Number _____

Mobile Phone _____

Email _____

To whom should we address correspondence?

☐ Father ☐ Mother ☐ Agent ☐ Guardian

All students who attend Avalon College must have a guardian who is over 25 years of age, living in Victoria, able to communicate fluently in English and can be contacted at all times.

Would you like Avalon College to act as guardian? ☐ Yes ☐ No

Guardian's Name _____

Relationship to Student: ☐ Immediate Family Member ☐ Family Friend ☐ Other

Address _____

Country _____

Post Code _____

Home Phone Number _____

Mobile Phone _____

Email _____

Details

Proposed Starting Date: _____ end date _____ Proposed number of weeks at Avalon College _____

Airport transfer required: Please indicate which directions ☐ On Arrival ☐ On Departure

Student intends to travel on which visa: ☐ Student Visa ☐ Tourist Visa ☐ Business Visa (which type) _____

☐ Other _____

STUDENT VISA ONLY – Would you like Avalon College to arrange Overseas Health Cover? ☐ Yes ☐ No

If yes, dates from to (must cover the entire length of student visa)

From _____ to _____

If no, please attach Overseas Student Health Cover details (Provider, Policy Number, Expiry Date).

Education Background

Current School _____ Current Year Level _____

Previous English Studies? ☐ Yes ☐ No

Level: ☐ Beginner ☐ Primary ☐ Intermediate ☐ Advanced

English Test Take? ☐ Yes ☐ No If yes, name of Test _____

Results: _____

Will you continue to study in Australia after language study? ☐ Yes ☐ No

If yes, which school? _____ Grade _____ Term _____ Year _____

How did you hear about Avalon College?

☐ Family ☐ Friends ☐ School – School Name _____

☐ Internet ☐ Agent – Name of Agent _____ ☐ Other _____

Declaration:

I declare the information provided above is true and correct and agree to be bound by the Conditions of Enrolment of Avalon College as described on the back of this form and attached to the schedule of fees which I have read or have been explained to me and understood.

Signature of parent, guardian, or agent on behalf of the parent _____ Date _____

Printed Name: _____ Relationship to Student _____

The personal information provided by the student may be made available to Commonwealth and State agencies and the Fund Manager of the Tuition Protection Service (TPS), pursuant to obligations under the ESOS Act 2000 and the National Code. Avalon College is required to advise the Department of Home Affairs about certain changes to the student's enrolment and breach by the student of a student visa condition relating to attendance or satisfactory academic performance. This information includes personal contact details, course enrolment details and changes, and the circumstances of any suspected breach by the student of a student visa condition.