



**Forest Lake International College  
Forest Lake College  
The Springfield College**

**Enrolment Application  
For International Students**



PO Box 4078 FOREST LAKE QLD 4078 AUSTRALIA

Forest Lake College – Phone (+61 7) 3372 0111 Fax (+61 7) 3372 0190

International College – Phone (+61 7) 3714 0999 Fax (+61 7) 3714 0966

The Springfield College – Phone (+61 7) 3818 5777 Fax (+61 7) 3818 668

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FLIC Office Use Only

Student #:

Regn Fee:

ECoE:

FLC/TSC Office Use Only

Student #:

Parent #:

Fees:

ECoE:

House

Class

## 1. ENROLLING STUDENT'S DETAILS

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name (may be an English name): \_\_\_\_\_

Student's Address (in Australia if known): \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Has any other member of the family been enrolled at Forest Lake College International Centre:  Yes  No

If yes, please write that student's name here: \_\_\_\_\_

Does your child require homestay accommodation?  Yes  No

Does your child require airport pickup?  Yes  No

Length of stay intended in Australia: \_\_\_\_\_

Date of birth:        /        / \_\_\_\_\_

Current Visa Type:  Visitor  Study  Other        Expiry Date: \_\_\_\_\_

If no current visa, in which city/country will you apply for your child's student visa? \_\_\_\_\_

Religion: \_\_\_\_\_ Gender: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Language spoken at home (if not English): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Visa Number (if already issued): \_\_\_\_\_

## 2. COURSE DETAILS

Which course/s are you enrolling your child into? (please tick ✓):

### Forest Lake International College

High School Preparation Course

Primary School Preparation Course

Number of weeks: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Forest Lake College

or

The Springfield College

(Please tick one)

Length of stay: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Year Level of Entry (circle one):

4

5

6

7

8

9

10

11

12

Are you applying through an Agency?  Yes  No

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## 3. PARENT'S DETAILS

(All student reports will be posted to parents at this address)

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### 4. LEGAL GUARDIAN'S DETAILS

(If you are appointing someone in Australia as Legal Guardian please give details below. If you are appointing the College to manage your student's welfare please leave blank)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Will your child be residing with a Guardian whilst studying?  Yes  No

#### 5. EMERGENCY CONTACT DETAILS

Please provide names, addresses and the best contact telephone number of two persons that could be contacted in the case of an emergency if parents/guardians are unavailable (e.g. grandparents or close friends)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

#### 6. MEDICAL DETAILS

Please complete the following details carefully so that we may provide the necessary care for your child. Failure to disclose information will result in a review of the enrolment.

Is your child currently covered by Overseas Student Health Care?  Yes  No Expiry Date: \_\_\_\_\_

Does your child have any medical conditions that could affect our duty of care?  Yes  No

If 'yes' provide details here and date of diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State whether your child is allergic to ANY substance: \_\_\_\_\_

\_\_\_\_\_

Are there any special instructions in relation to College staff administering First Aid or conducting any co-curricular and extra-curricular activities?

Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note that only medication prescribed by a medical practitioner may be administered to the student (this includes paracetamol).**

## 7. ENGLISH LEVEL AND LEARNING SUPPORT

Has your child studied English through formal instruction

(i.e. at school or at an English Language Centre)?

Yes  No

How many years study of English has been completed?

Year/s

Has your child undertaken an English Language Proficiency Test

Yes  No

If yes, which test:

Score:

Date of test:

Please advise details of any educational support which may be required for your child:

Has your child been receiving specialist support (from learning support teachers or guidance officers) at a previous school? Please give details:

## 8. STUDENT ACHIEVEMENT DETAILS

Have you received an Outstanding Achievement or won an award for anything (academic/sporting) over the past five years? If so, please provide details.

Do you sing, dance or play a musical instrument? If so, describe the activity and the length of time you have been participating in it. If applicable, what grades have you attained?

## 9. DECLARATION

We, the parents or guardians, have read and fully completed this Enrolment Application.

We understand that for this application to be processed, the following need to be attached at the time of lodgement of this form:

- Copy of student's passport,
- Copies of translated school reports,
- Copies of English Language Proficiency Test (if available),
- Copies of Reports from English Language Centre/s (only required if student has not studied English, in mainstream school classes for at least one year),
- Copy of current visa (if already obtained),
- Letter of Release from previous provider (if applicable).

We give permission for:

- Our child to appear in College publications and associated publicity,
- Our contact details to be given to College agencies such as Parents and Friends Association,
- Our child to be transported between campuses via a College vehicle as necessary.

We would like to receive the College Newsletter via the following email address: \_\_\_\_\_

### Signature/s

Signed: \_\_\_\_\_  
(Father / Legal Guardian)

Signed: \_\_\_\_\_  
(Mother / Legal Guardian)

Date: \_\_\_\_\_

Date: \_\_\_\_\_