



**Forest Lake College International Centre
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 Centre – Phone (+61 7) 3714 0999 Fax (+61 7) 3714 0966
The Springfield College – Phone (+61 7) 3818 5777 Fax (+61 7) 3818 6688

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 College International Centre

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 you child be residing with the 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: _____

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. DECLARATION

We, the parents or guardians, have read and completed fully this Application for Registration Form.

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)

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 College vehicle as necessary

We would like to receive the College Newsletter 'Ripples' via the following email address:

Signature of ALL Parents/Guardians applying:	
(Father)	(Mother)
Date:	
PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION	

Please note that any information contained within this application that changes after the lodgement date must be updated immediately. Family details will be reviewed at the enrolment interview.

FLCIC Office Use Only

Student #:

Rean Fee:

ECoE:

FLC/TSC Office Use Only

Student #:

Parent #:

Fees:

ECoE:

House

Class