

3 STEPS for Enrolment

STEP 1	Complete the Application for Enrolment Form
STEP 2	Gather the 5 Essential Pieces of Documentation listed below
STEP 3	Forward the completed Application for Enrolment Form and documentation to AIS

5 ESSENTIAL Pieces of Documentation (Certified)

1	Copy of Passport Details
2	Samples of any Written English Work you have completed
3	Copies of any English Language Assessments
4	Reference from Previous or Current School Principal
5	Copies of Previous or Current School Reports – translated in English

All students will be required to complete an AIS English Language Assessment upon enrolment

Study Selection (please tick (✓) the program and semester including the Year you intend to study)

English for Academic Purposes - Elementary to Advanced							
EAP Primary		Number of weeks:		Preferred started date:			
EAP Secondary		Number of weeks:		Preferred started date:			
EAP High School SACE Preparation Program		Semester 1		Semester 2		Year	
South Australia Certificate of Education (SACE)							
Stage 1 (Year 11)		Semester 1		Semester 2		Year	
Stage 2 (Year 12)		Semester 1		Semester 2		Year	

Students Personal Details

Family Name		Given Name	
Date of Birth		Current Age	
		Gender	
		Male	
		Female	
Nationality		Passport Number	

Address in Home Country			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Address in Australia			
Mobile Number		Email address	

Do you have a disability or medical condition that requires special consideration?	Yes		No	
If Yes, please explain				





AIS Application for Enrolment

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

Student Health cover

Do you wish <i>Adelaide International School</i> to arrange OSHC for you?	Yes		No	
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Accommodation

Do you wish <i>Adelaide International School</i> to arrange accommodation for you?	Yes		No	
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Parent / Guardian Details

Father Family Name		Father Given Name	
Fathers Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Mother Family Name		Mother Given Name	
Mothers Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Guardian Family Name		Guardian Given Name	
Guardians Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Emergency Person Contact Details

Family Name		Given Name	
Address			
What is your relationship with this person?			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			



AIS Application for Enrolment

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

Agent Contact Details

Name of Agency			
Agents Name			
Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Authorisation

I _____
(Student Name)

- Authorise *Adelaide International School* to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998.
- Authorise *Adelaide International School* to make relevant enquiries, where necessary, and in accordance with legislation, regarding my application for the purpose of undertaking study.
- Understand that my information will only be released to third parties in accordance with legislation.
- Agree for my academic performance and conduct be made available to my parents and agent
- Understand that I may at any time revoke my authorisation for *Adelaide International School* to release my information to third parties by notifying *Adelaide International School* and that implementation cannot be retrospective.
- Have read and understand the content of the Student Handbook including my responsibilities.
- Agree to abide by the terms and conditions as set out in the Student Handbook.

Student Signature

Date

Parent / Guardian Signature

Date

Office Use Only (this section is only to be completed by AIS)	
Student ID:	
Student Provided all Documentation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Documentation was Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student was Offered Enrolment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Accepted Offer of Enrolment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Invoice Fees Direct to Student:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Invoice Fees Direct to the Referring School:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please nominate):	
Commencement Date:	