



To complete this form:

- Answer all questions on the form.
- Use BLOCK LETTERS and tick check boxes where applicable.
- Return form by email: apply@ais.edu.au or In-Person: Level 4, 127 Rundle Mall Adelaide SA 5000 Australia

2 ESSENTIAL Pieces of Documentation (Certified)

1	Copies of Previous or Current School Reports
2	Copy of current student school ID card

Study Selection

Please tick (✓) the program and semester and specify the Year you intend to study.

English for Academic Purposes – Elementary to Advanced (CRICOS Code: 083251E)							
EAP Lower Primary		No. of weeks		Preferred start date			
EAP Upper Primary		No. of weeks		Preferred start date			
EAP Middle Years		No. of weeks		Preferred start date			
EAP Year 10		No. of weeks		Preferred start date			
EAP Year 11 Preparation		No. of weeks		Preferred start date			
Secondary Year 10 (CRICOS Code: 114570G)							
Year 10		Semester 1		Semester 2		Year	
South Australian Certificate of Education (SACE) (CRICOS Code: 089188C)							
Stage 1 (Year 11)		Semester 1		Semester 2		Year	
Stage 2 (Year 12)		Semester 1		Semester 2		Year	
Favorite Subjects							
Co-curriculum Intent							

Students Personal Details

Family Name		Given Name	
Preferred English Name			
Date of Birth		Gender	
Nationality		Passport Number	
Address			
Country		Postcode/ZIP	
Phone Number		Mobile Number	
Email			
Alternative Social Media Contact			



AIS Domestic Application Form

Do you have a disability or diagnosed medical condition that requires special consideration or Management Plan? E.g. Asthma.		<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, please explain		
Do you suffer from: - Anaphylaxis - Asthma - Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Other (please specific)

Parent/Guardian Details

Father Family Name		Father Given Name	
Father's Address			
Country		Postcode/ZIP	
Phone Number		Mobile Number	
Email			
Alternative Social Media Contact			

Mother Family Name		Mother Given Name	
Mother's Address			
Country		Postcode/ZIP	
Phone Number		Mobile Number	
Email			
Alternative Social Media Contact			

Emergency Person Contact Details

Family Name		Given Name	
Address			
Country		Postcode/ZIP	
Phone Number		Mobile Number	
Email			
Alternative Social Media Contact			



Education Qualifications

Name of current or previous school	
What country is this school located?	
Highest level of schooling completed?	
What awards have you received?	
Are certified copies of your academic record attached to this application?	

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.
- Agree to abide by behavioural expectations and [policies](#) of the school.

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:	