



**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](mailto:apply@ais.edu.au) or In-Person: Level 4, 127 Rundle Mall Adelaide SA 5000 Australia

**3 ESSENTIAL Pieces of Documentation (Certified)**

1.	Copy of passport photo page
2.	Copies of any English Language Assessments (if applicable)
3.	Copies of Previous or Current School Reports – translated to English

**Study Selection**

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

<b>Secondary Year 10 (CRICOS Code: 114570G)</b>							
Year 10		Semester 1		Semester 2		Year	
<b>South Australian Certificate of Education (SACE) (CRICOS Code: 089188C)</b>							
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 in Home Country			
Country		Postcode/ZIP	
Mobile Number (home country)		Email	
Address in Australia			
Mobile Number in Australia			

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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Other (please specific)
- Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
- Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	
- Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	



**Parent/Guardian Details**

Father Family Name		Father Given Name	
Father's Address			
Country		Postcode/ZIP	
Mobile Number		Email	

Mother Family Name		Mother Given Name	
Mother's Address			
Country		Postcode/ZIP	
Mobile Number		Email	

Guardian Family Name		Guardian Given Name	
Guardian's Address			
Country		Postcode/ZIP	
Mobile Number		Email	
Relationship			

**Emergency Person Contact Details**

Family Name		Given Name	
Address			
Country		Postcode/ZIP	
Mobile Number		Email	
Relationship			

**Education Qualifications**

Name of current or previous School	
Complete Year Level	
Current Year Level	
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?	

