# AIS International Application Form

**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

## 3 ESSENTIAL Pieces of Documentation (Certified)

| | |
|---|---|
| 1. | Copy of passport photo page |
| 2. | Copies of any English Language Assessments |
| 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.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **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 | |
| **South Australian Certificate of Education (SACE) (CRICOS Code: 089188C) – Vocational Major** | | | | | | | |
| Stage 1 (Year 11) – Vocational Major | | Semester 1 | | Semester 2 | | Year | |
| Stage 2 (Year 12) – Vocational Major | | Semester 1 | | Semester 2 | | Year | |
| Please choose one<br>* In partnership with Adelaie Institute of Business and Technology RTO Code: 40312 CRICOS Code: 03133G | | Certificate III in Individual Support | | | | | |
| | | Certificate IV in Kitchen Management | | | | | |
| | | Other _____ | | | | | |

## 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. | | ☐ YES ☐ NO |
| If Yes, please explain | | |
| Do you suffer from:<br>- Anaphylaxis<br>- Asthma<br>- Diabetes | <br>☐ YES ☐ NO<br>☐ YES ☐ NO<br>☐ YES ☐ NO | ☐ Other (please specific) |

## Students Personal Details

| | |
|---|---|
| Do you wish *Adelaide International School* to arrange OSHC for you? | ☐ YES ☐ NO |

## Accommodation

Adelaide International School now utilises Happy Homestay Adelaide as our preferred homestay provider. Please refer to https://happyhomestay.com.au/ for further information or follow the links on our website http://www.ais.edu.au/homestay/ .

## Guardian Services

It is recommended for **students enrolling into the SACE**, who are under the age of 18, and not living with a family member to register with a Guardian Service. AIS uses and recommends ISA Guardian & Welfare Services (https://www.studentguardians.com) or SGS (https://www.studentgs.com) to provide 24 hour a day care for students. A guardian service supports students especially those with less experience in mixed cultural environments, or who have not been away from home before. **Please contact either ISA or SGS direct to register.**

## 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? | |

## Agent Contact Details

| | | | |
|---|---|---|---|
| Name of Agency | | | |
| Agents Name | | | |
| Address | | | |
| Country | | Postcode/ZIP | |
| Phone Number | | Mobile Number | |
| Email | | | |

**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 ☐ No ☐ |
| Student Documentation was Approved: | Yes ☐ No ☐ |
| Student was Offered Enrolment: | Yes ☐ No ☐ |
| Student Accepted Offer of Enrolment: | Yes ☐ No ☐ |
| Invoice Fees Direct to Student | Yes ☐ No ☐ |
| Invoice Fees Direct to the Referring School | Yes ☐ No ☐ |
| Other (please nominate) | |
| Commencement Date: | |