



Alkira
Secondary College

Personalised learning for all. Respect for the individual learner.

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INTERNATIONAL / EXCHANGE STUDENT ENROLMENT FORM

STUDENT ENROLMENT INFORMATION		Computer Generated Student ID:							
Enrolment Date		Year Level		Home Group					

STUDENT DETAILS:

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name: (if applicable):			
Student Mobile Number:			
Student E-mail: (if applicable):			
❖ Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____

HOST FAMILY - HOME ADDRESS:

No. & Street: or PO Box details:			
Suburb:			
State:		Postcode:	
Home Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Telephone Number:			

STUDENT DEMOGRAPHIC DETAILS:

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

❖ In which country was the student born?			
Date of arrival in Australia (dd-mm-yyyy)	_____ / _____ / _____		
Visa Sub Class:		Visa Expiry Date: (dd-mm-yyyy)	_____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)			
International Student ID: (Not required for exchange students)			

LANGUAGE SPOKEN AT HOME

Does the student speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student speak a language other than English at home?	<input type="checkbox"/> Yes Please specify _____	<input type="checkbox"/> No

OFFICE USE

Copy of Passport attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Visa attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHOOL DETAILS:

Date of first enrolment in an Australian School: _____ / _____ / _____ Please specify School _____

STUDENT MEDICAL DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision <input type="checkbox"/> Yes <input type="checkbox"/> No
	Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOST FAMILY – DETAILS:**ADULT A: (PRIMARY CARER):**

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Miss, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		

ADULT B:

Gender (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Miss, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		

HOST FAMILY - CONTACT DETAILS**ADULT A: BUSINESS HOURS:**

Mobile No:	
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After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Email Address:		

ADULT B: BUSINESS HOURS:

Mobile No:	
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After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Email Address:		

HOST FAMILY – SUMMARY:

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Send Correspondence addressed to (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults

HOST FAMILY - DOES THE HOST FAMILY HAVE CHILDREN ATTENDING THIS SCHOOL?

Does the Host Family have children at this school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No* * If No please go to the next section, Emergency Contacts for the Student
Name of Student/s at School:		
OFFICE USE		
Primary Carer Id No:		Student Id No:

EMERGENCY CONTACTS FOR THE STUDENT: (OTHER THAN HOST FAMILY PLEASE)

	Name & Surname - Emergency contacts other than parents/guardians as above	Relationship - Neighbour, Relative, Friend or Other	Telephone Number	Language Spoken - If English Write "E"
1				
2				