



PERSONAL DETAILS

Family name (surname): _____

Given name: _____ Preferred name: _____

Date of birth: _____ Gender: Male Female Other

Current Address in Australia or overseas

Street number and name: _____

Suburb/City: _____ State: _____ Country: _____ Postcode: _____

Current mobile phone: _____ Email address: _____

Passport number: _____ Nationality: _____ Main language spoken: _____

Emergency contact name: _____ Emergency contact number: _____

Relationship to the student: _____

Does your child have a medical condition? Yes No Does your child require medication? Yes No

Does your child have a disability? Yes No

If you answered yes, do you require extra learning support? Yes No

Details: _____

VISA REQUIREMENTS

Visa Type Student* Tourist Other _____

Where will you apply for your visa? Within Australia Outside Australia **Please attach a valid passport copy.*

OVERSEAS STUDENT HEALTH COVER (OSHC) Student Visa holders only

All student visa holders must have OSHC for the duration of their stay. Do you want us to arrange OSHC?

No Yes, duration: _____ months (Min.3 months) | Cover Type: Single Dual* Family*

**Please attach copy of passport for all family members.*

COURSES

Primary School Preparation (PSP)

For student aged 8 to 12 years old

Campus: Sydney Melbourne

High School Preparation (HSP)

For student aged 12 to 17 years old

Campus: Sydney Melbourne
 MILC Brighton

Start Date: ____/____/____ No. of weeks: ____
Must be on Monday

Junior Holiday Program (JHP)

For student aged 12 to 17 years old

For dates, please contact your Marketing Manager

Start Date: ____/____/____ No. of weeks: ____

Campus: Sydney Melbourne
 Gold Coast

AEAS Course

AEAS Test Preparation Course Year 7 – 9
 AEAS Test Preparation Course Year 10 – 12

Start Date: ____/____/____ No. of weeks: ____

Campus: Sydney

FURTHER EDUCATION

Current school year: _____ Have you decided your pathway school? Yes No

If Yes, provide your pathway school: _____ School grade applying for: _____

Do you have proof of further studies? Yes No **If yes, please provide COE / Letter of Offer*

AGENCY REFERRAL

Education Agency: _____ Counsellor Name: _____

Agent Email: _____