

# INTERNATIONAL STUDENTS **ABSI** ENQUIRY / EXPRESSION OF INTEREST

Form: EOI updated November, 2022

Agent's Stamp

**IMPORTANT:** ABSI is the International Student Admissions Centre appointed by the Schools to facilitate entry of overseas students. ABSI is not an education agent. ABSI is a member of the schools' admissions team.

THIS FORM ALLOWS US TO REGISTER YOUR INTEREST ONLY AND TO GATHER INFORMATION TO ENABLE ADMISSIONS STAFF TO GUIDE AND ASSIST YOU.

## SCHOOL NAME OR REGION

Name of School:.....

Second preference (optional):.....

If unsure of school, please select in which state in Australia you are interested:

NSW  Victoria  Tasmania  Queensland  South Australia  Western Australia



## DETAILS OF ENTRY (must complete)

Proposed Entry information: Entry year? 20 ..... Year(Grade) .....

Term (1, 2 3 or 4).....OR - Note Date/Month for entry.....

Proposed Living Arrangements for student

Day Student  Boarder  Home Stay  Live with own Family

Proposed duration of enrolment

Short course  One year  Until end Year 12  Other

If SHORT or OTHER indicate dates: FROM .....TO .....

## DETAILS OF STUDENT (must complete)

Family name..... Gender (M or F):.....

Given name/s ..... Preferred name .....

Date of birth..... Current Age.....

Place and Country of birth .....

Country of Citizenship .....

Natinality .....

VIS A Will child be needing a Student visa? If NO, what status/visa?

YES  No.....

Religion (optional) .....

Existing medical condition or learning issues?

No / Yes (please explain) .....

## CURRENT SCHOOL DETAILS (must complete)

Current School Name .....

Are you taught your subjects in English? .....

Current Year Level at school ..... Band level of School (if known) .....

Please list the subject/s you most enjoy at school

Please list the subject/s you least enjoy at school:

## STUDENT'S INTERESTS

Please list the sports, hobbies and activities you enjoy

## ENTRY ASSESSMENT TEST (must complete)

Indicate if student has been or will be registered for assessment testing.

iSTARTOnline-EduTest  AEAS  Not required  
www.istartonline.com www.aeas.com.au (or not sure)

Test Date (booked or completed): .....

TICK if student / agency needs assistance or advice about testing.

TICK if student now studying in an Australian school or English course

## DETAILS OF PARENT OR LEGAL GUARDIAN 1

Family name .....

Mr / Mrs / Rev / Dr / Ms / Other .....

Given names .....

Preferred name .....

Address .....

Relationship to student .....

Telephone (h) .....

Telephone (b) .....

Mobile .....

Email (print clearly).....

## DETAILS OF PARENT OR LEGAL GUARDIAN 2

Family name .....

Mr / Mrs / Rev / Dr / Ms / Other .....

Given name /s .....

Preferred name .....

Address .....

Relationship to student .....

Telephone (h) .....

Telephone (b) .....

Mobile .....

Email (print clearly).....

Student normally resides with

Both Parents:  Mother Only:  Father Only:

## CHECKLIST OF WHAT IS REQUIRED TO PROGRESS ENQUIRY

ABSI must have the following to submit to Principal to consider - save valuable time and provide the following along with this form:

- TICK - Certified and translated copy of latest TWO school reports
- TICK - Copy of passport - and birth certificate (if available)
- TICK - Copy of any assessment testing results report (if available)
- TICK - Character References (TWO) about student
- TICK - A half page 'handwritten' essay by student (any topic)

Date of this REFERRAL / ENQUIRY: .....

**PLEASE SEND THIS FORM ONLY TO ABSI (not the School) as follows:**

The Directors of International Enrolments, Australian Boarding Schools International (ABSI) (documents as PDF) and via email below:

**Email:** enrol@australianboardingschools.com.au **Phone:** +61 3 6281 2300 **Website:** www.australianboardingschools.com.au





# MEDICAL OVERVIEW TO SUPPORT APPLICATION

## IMPORTANT NOTE:

All questions MUST be completed.

If question does not apply, please put Not Applicable (N/A) in that question.

This form must be signed and dated.

Confidential

STUDENT'S FAMILY NAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

### EMERGENCY CONTACTS

**DAY**  
NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**NIGHT**  
NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

#### 1. Does the student suffer from any of the following?

- |                     |                              |                             |                          |                              |                             |
|---------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| Heart Condition:    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Sleep walking:           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Muscular condition: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Blackouts:               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Migraines:          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Travel sickness:         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dizzy spells:       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Disability:              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recurrent illness:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | High/low blood pressure: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other (please specify): \_\_\_\_\_

Behavioral or emotional disorders, ADHD condition etc : \_\_\_\_\_

Treatment or management of above condition/s: \_\_\_\_\_

*(If more space is required please attach further details).*

#### 2. Does the student suffer from Asthma?

- YES
- NO

#### 3. Does the student suffer from Allergies or Sensitivity to drugs or medications?

- YES
- NO

#### 4. Does the student suffer from diabetes?

- YES
- NO

#### 5. Does the student suffer from epilepsy or seizures of any type?

- YES
- NO

#### 6. Any dietary needs?

YES  NO

#### 7. Has the student received all their routine immunisations?

YES  NO

#### Swimming ability:

- Unable: Nothing more than a dog paddle
- Poor: Strokes, only limited ability beyond domestic swimming pool
- Good: Strong swimmer, able to confidently swim at least 50 metres in a variety of water conditions, surf, lakes, rivers
- Excellent: Able to swim 100m confidently or 50m fully clothed

I, \_\_\_\_\_ the Parent/Guardian who has signed below certify that this is an accurate and true account of my child's medical situation as at the date of signing.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_