



Rockhampton Girls
Grammar School

Est 1892

Date Rec:

Office Use Only

Method: Amount: \$55.00

Parent Code:

ENROLMENT APPLICATION International Student

1. STUDENT INFORMATION

Surname	Given Name/s	
Preferred Name	Date of Birth	
Nationality	Country of Birth	
First Language	Other Language(s) spoken	
Language spoken at home	Passport Number	
Passport Expiry Date	Do you hold a current Australian Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa Type and Subclass	Visa Expiry Date	
Country of Citizenship (as shown on your Passport)		
Student's Residential Address (Home Country)		
	Country	Post Code
Student's Postal Address (if different from above)		
	Country	Post Code

2. ENROLMENT INFORMATION

Application Date	Expected Entry Year Level	
Proposed Commencement Date	Year	Term
Current School		
Who will the student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Boarding <input type="checkbox"/> Other		
If Other, please provide details including addresses (if applicable)		
Does the student have any special needs? (medical, physical or cultural conditions requiring special attention)		

3. FAMILY DETAILS

Father / Stepfather / Legal Guardian (please circle)		Mother / Stepmother / Legal Guardian (please circle)	
Title	Surname	Title	Surname
Given Name/s		Given Name/s	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
First Language		First Language	
Language spoken at home		Language spoken at home	
Home Ph	Fax	Home Ph	Fax
Business Ph	Fax	Business Ph	Fax
Mobile		Mobile	
Email		Email	
Postal Address		Postal Address	
Country		Country	
Post Code		Post Code	
Residential Address		Residential Address	
Employer / Business Name		Employer / Business Name	
Occupation		Occupation	
Business Address		Business Address	
Emergency Contact		Emergency Contact	
Emergency Telephone		Emergency Telephone	
Is there another parent whose details should be recorded? <input type="checkbox"/> Yes (complete below) <input type="checkbox"/> No			
Title	Surname		
Given Name/s		Relationship to Student	
Postal Address			
		Country	Post Code
What School correspondence should this person receive? <input type="checkbox"/> General <input type="checkbox"/> Reports <input type="checkbox"/> Accounts			

