



Australian  
International  
Academy  
Of Education Ltd.

Please Select:

- ☐ Kellyville  
☐ Strathfield

Year level

- ☐ KG – Year 6  
☐ Year 7 – Year 10  
☐ Year 11 – Year 12

Receipt No. \_\_\_\_\_

Date Receipt \_\_\_\_\_

FAMKEY \_\_\_\_\_

SORTCODE \_\_\_\_\_

## STUDENT DETAILS

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

To Enter Year Level \_\_\_\_\_ In The Year \_\_\_\_\_ . Gender ☐ Male ☐ Female

Date Of Birth \_\_\_\_\_ Country Of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Nationality \_\_\_\_\_

Present School/Kinder \_\_\_\_\_  
(Including Overseas Countries)

Student Lives With ☐ Both Parents Or ☐ Father Only Or ☐ Mother Only ☐ Guardian  
☐ Other Please Specify \_\_\_\_\_ (PLEASE ATTACH ANY DOCUMENTATION OF COURT ORDERS/ OR PARENTING PLANS)

Australian Citizen ☐ Yes ☐ No  
Permanent Resident Of Australia ☐ Yes ☐ No  
Temporary Resident ☐ Yes ☐ No

Visa Type \_\_\_\_\_  
Visa Type \_\_\_\_\_ Expiry Date \_\_\_\_\_

## FATHER / MALE GUARDIAN DETAILS

Fathers' Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_ Email\* \_\_\_\_\_

Occupation \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE: EMAIL IS USED FOR SCHOOL COMMUNICATION AND THE ACADEMY MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN EMAIL ADDRESS.**

## MOTHER / FEMALE GUARDIAN DETAILS

Mothers' Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_ Email\* \_\_\_\_\_

Occupation \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE: EMAIL IS USED FOR SCHOOL COMMUNICATION AND The Academy MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN EMAIL ADDRESS.**

## EMERGENCY CONTACT (Other than parents)

Contacts Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Mobile \_\_\_\_\_



Australian  
International  
Academy  
Of Education Ltd.

DOB Evidence  
Educational reports  
Medical reports  
Court orders

Immunisation  
Interview  
Offer

## STUDENT NEEDS

Does your child have any medical condition or special educational needs?

☐ Yes ☐ No

### MEDICAL CONDITIONS

Please list any medical conditions your child might have:  
(eg. Asthma, Anaphylaxis, etc)

## LEARNING NEEDS

Does your child have a permanent hearing loss?

☐ Yes ☐ No

Are you aware of any special learning needs your child might have?

☐ Yes ☐ No

If yes, please list details

\*Please note: any medical conditions or special educational must be known to the principal.

This includes providing the academy with school reports and professional assessments.

Reports and assessments will be treated confidentially by staff, and all information otherwise collected and used in this form is in accordance with the Academy's Privacy Policy.

## CURRENT SCHOOL CONTACT (AS PART OF THE ENROLMENT PROCESS THE STUDENTS CURRENT SCHOOL WILL BE CONTACTED)

School name:  Contact:

Position:  Phone:

Postal address:

## SIBLINGS AT AUSTRALIAN INTERNATIONAL ACADEMY

(PLEASE, FILL IN IF APPLICABLE. EVEN IF CURRENTLY AWAITING ADMISSION)

Names of other children at this Academy

Year Level

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## PAYMENT DETAILS

A one-off Registration Fee of \$110 is payable with the registration form. This fee is non-refundable.

Methods of payment

- Cash (in person)
- Cheque (payable to Australian International Academy)
- Credit card (in person)

## ENROLMENT GUARANTEE BOND (EGB)

The EGB is an interest free deposit of \$1,000 per student that is paid prior to commencing at the Academy.

The EGB will be refunded on written request if / when;

- Student leaves the academy  
(ONE TERM NOTICE MUST BE PROVIDED)
- Student completes final school year.
- Student was asked to leave the academy  
(NOT APPLICABLE TO SYDNEY STRATHFIELD CAMPUS)

## DECLARATION

We Declare that all the information provided in this registration form is true and correct as of the date of registration. We request that the above child be registered for enrolment at the Australian international Academy. We understand that we will be informed if and when a place becomes available. We are aware that the registration fee is non-refundable. We will also advise the Australian international academy of any changes of address or contact details we may have.

Signature of Parent / Guardian (Male)

Date

Signature of Parent / Guardian (Female)

Date