

# Enrolment Registration Form

Enrolment fee of \$200 must accompany application.

All sections of this form must be completed in full.

Failure to provide full details may result in a delay in processing your application.



Student Information				
Family Name:		Given Names:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Chosen English Name:			Date of birth:	
Proposed course dates: ___/___/___ to ___/___/___			Age at time of entry: ___ Years ___ Months	
Length of course (number of weeks):			Date of arrival in Australia:	
Country of Birth:			Nationality:	
First language spoken:			Other languages:	
Education Details				
School Level	Years	Name of School	City/ Country	
Primary School				
Secondary School				
Language Centre / International School				
Reports / references received from last school? YES <input type="checkbox"/> NOT YET <input type="checkbox"/>				
Health				
Serious Illness? (eg. Asthma, Diabetes)				
Speech, sight, hearing difficulties?				
Special Learning Problems?				
Passport Details				
Passport Number:		Country where issued:		
Expiry Date:		Country of birth:		
OSHC Number:		Expiry Date:		
Do you have Australian Residency? YES <input type="checkbox"/> NO <input type="checkbox"/>		Medicare Number (Australian Residents Only):		
Accommodation & Arrival Assistance Details				
Would you like Clayfield International College to arrange homestay?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Would you like boarding house accommodation?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Would you like airport pick up service?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you arranging your own accommodation in Australia?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
If so, Clayfield College must approve your accommodation provider. Please provide their details below:				
Accommodation details (if applicable):				
Name:		Relationship to Student:		Age:
Address:				
Telephone (Home):		Telephone (Work):		
Mobile:		Facsimile:		
Email:				
Does your accommodation provider hold a current "Working with Children Check" Suitability Card (for child related employment)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If so, please complete the following information:				
Card Number:		Full name on Card:		Expiry Date:

Office Use Only	
Enrolment Fee Paid:	Student Number:
Advance Fees Paid:	Account Number:



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Father Details			
Family Name:	Given Names:	Title (Mrs, Ms, Dr):	
Residential Address:			
			Postcode:
Postal Address:			
			Postcode:
Telephone (Home): (    )	Telephone (Work): (    )	Facsimile: (    )	
Telephone (Mobile): (    )	Email Address:		
Address for Statement of Fees:			
Occupation:		Business Title:	
Country of Birth:		Nationality	
Mother Details			
Family Name:	Given Names:	Title (Mrs, Ms, Dr):	
Residential Address:			
			Postcode:
Postal Address:			
			Postcode:
Telephone (Home): (    )	Telephone (Work): (    )	Facsimile: (    )	
Telephone (Mobile): (    )	Email Address:		
Address for Statement of Fees:			
Occupation:		Business Title:	
Country of Birth:		Nationality	
Agent's Details (if applicable)			
Name:			
Company:			
Address:			
Telephone Number: (    )		Facsimile: (    )	
Email:			
Further Information			
What language is primarily spoken at home?			
Are both parents living?		If parents are separated, with whom is the student living?	
Name of Stepfather/Stepmother (if applicable)			
Where did you hear about Clayfield College?			
Would you like to make any comments about your initial contact with the College?			
Relatives who have attended Clayfield International College/Clayfield College			
Name	Address	Relationship	Years at CC
Declaration			
We have read, understand and accept the Conditions of Enrolment and acknowledge that the information provided on this form is complete and accurate.			
Signature of Father _____		Date _____	
Signature of Mother _____		Date _____	

**BOTH PARENTS TO SIGN ENROLMENT FORM**  
(Agents should not sign on behalf of parents)

