



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 _____ 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	_____	Immunisation	_____
Educational reports	_____	Interview	_____
Medical reports	_____	Offer	_____
Court orders	_____		_____

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
_____	_____
_____	_____
_____	_____
_____	_____

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 \$1,00 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	_____