



Application for Enrolment (short term Students)

PROGRAM 4 – 10 wks 1- 20 wks 20 – 40 wks

STUDENT INFORMATION

Surname	Given Name/s
Preferred Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Nationality	Country of Birth
First Language	Other Language(s) spoken

Permanent, Temporary & Non-Resident Student Information

Passport Number	Expiry Date
Visa Type	Visa Subclass

ENROLMENT INFORMATION

	Application Date
JPIC - Proposed Commencement Date	Finish date
Who will student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Homestay <input type="checkbox"/> Other	
If other, please provide name/s and relationship to student	

FAMILY INFORMATION

Father / Stepfather / Legal Guardian (please circle)		Mother / Stepmother / Legal Guardian (please circle)	
Title	Given Name	Title	Given Name
Family Name		Family Name	
Home Ph	Fax	Home Ph	Fax
Mobile		Mobile	
Email		Email	
Residential Address*		Residential Address*	
Employer / Business Name		Employer / Business Name	
Occupation		Occupation	

To be completed by agent

Name of Agent	
Address	
Ph Number	Fax Number
Email Address	Contact Person



John Paul College



HOMESTAY REQUEST

STUDENT PROFILE:

Do you have food restrictions? YES NO

If yes, please give details

Do you have any allergies to animals? YES NO

If yes, please give details

Do you enjoy the company of children? YES NO

Have you every lived away from home? YES NO

Do you have any hobbies? YES NO

What are your favourite activities?

STUDENT MEDICAL PROFILE

Emergency contact Telephone

Does Your Child Suffer From?

Condition		Medication Details	
Heart problems	[] Yes [] No	Epilepsy	[] Yes [] No
Respiratory problems	[] Yes [] No	Recent illnesses	[] Yes [] No
Asthma / Other	[] Yes [] No	Phobias	[] Yes [] No
Diabetes	[] Yes [] No	Allergies	[] Yes [] No
Blood disorder	[] Yes [] No	Migraine	[] Yes [] No

Serious Illnesses, Operations and Accidents Details

Permission to administer Paracetamol (for fever, minor aches and pains) [] Yes [] No

John Paul College reserves the right to administer emergency care, or refer a student to a medical practitioner or hospital should the situation arise.

I declare that the information given above is complete and accurate.

Signature of Parent / Legal Guardian

Dated