

Student Information Form

STUDENT DETAILS				
Student ID Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth:		
Family Name:		Given Name(s):		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female	Preferred Name:		
Program Enrolled: (please tick ✓)	<input type="checkbox"/> ELICOS	<input type="checkbox"/> Senior Secondary	<input type="checkbox"/> Foundation Levels Program	<input type="checkbox"/> Higher Education Program

STUDENT CONTACT DETAILS POSTAL / STREET ADDRESS (CURRENT ADDRESS IN AUSTRALIA)			
Mobile Number:		Email Address:	
Building Name:			
Unit Number:			
Street Number:		Street Name:	
Locality (Suburb):		Region (State):	SA
Postcode:		Country:	Australia

PERMANENT HOME ADDRESS (CURRENT ADDRESS IN YOUR HOME COUNTRY)			
Building Name:		Unit Number:	
Street Number:		Street Name:	
Locality: (City or District)		Region: (State or Province)	
Postcode:		Country:	
Phone Number: (+international prefix)			

EMERGENCY CONTACT DETAILS (RELATIONS)			
First Name:		Last Name:	
Relation Type:		Contact Number:	
Email Address:		Parent / Legal Guardian Access to information:	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No

STUDENT DOCUMENT DETAILS					
Passport Number:		Date of Issue:		Date of Expiry:	
Student Visa Number:		Date of Grant:		Date of Expiry:	

MEDICAL INFORMATION
Do you have any significant medical conditions (e.g. asthma, allergies, epilepsy etc)? Please advise if you are on any medications. (please tick ✓) <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No If Yes, please specify: _____

Student signature: _____

Date: _____