

## New South Wales Government School Information Gathering Form

Please refer to the table below for clarification on which documents are required. These documents will need to be uploaded in the supporting documents section.

	Documents	Original document	English translation
1	Student's Birth Certificate	Yes	Yes
2	Student's Passport	Yes	No
3	Student's Current Visa	Yes	No
4	Carer's Birth Certificate or Passport	Yes	Yes
5	<b><u>Parent Declaration for Guardian Visa Applicants form</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/parent-declaration-for-guardian-visa-applicants.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/parent-declaration-for-guardian-visa-applicants.pdf</a>	Yes	N/A
6	<b><u>Direct Relative Nomination form</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/direct-relative-nomination-v2.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/direct-relative-nomination-v2.pdf</a>	Yes	N/A
7	<b><u>Parent Nomination for Homestay form</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/parent-nomination-for-homestay-v2.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/parent-nomination-for-homestay-v2.pdf</a>	Yes	N/A
8	<b><u>Homestay Information for Parents form</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/homestay-information-for-parents.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/homestay-information-for-parents.pdf</a>	Yes	N/A
9	<b><u>Homestay Booking form</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/homestay-booking-form.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/homestay-booking-form.pdf</a>	Yes	N/A
10	English teacher's recommendation letter <small>(for Study Abroad)</small>	Yes	N/A
11	Student's Academic Transcript	Yes	Yes
12	Student's Examination Results	Yes	Yes
13	Student's Current COE	Yes	N/A
14	Student's Current CAAW	Yes	N/A
15	Student's Current OSHC Membership	Yes	No
16	<b><u>GDPR Consent Form</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/international-student-program-consent-form.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/international-student-program-consent-form.pdf</a>	Yes	N/A
17	<b><u>Student Declaration - Terms and Conditions</u></b> <a href="https://deiiisponline.det.nsw.edu.au/assets/docs/terms-conditions-v2.pdf">https://deiiisponline.det.nsw.edu.au/assets/docs/terms-conditions-v2.pdf</a>	Yes	N/A

<b>Student Details</b>				
The student attended a NSW Government School.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide Student Number				
Given name				
Family name				
Preferred name				
Has only one name as per passport or birth certificate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date of birth		Gender		
Country of Birth		Nationality		
Country of Residence				
Do you have a current valid Passport?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Passport Number		Expiry Date		
Email Address				

<b>Parent Details</b>				
Currently has only one parent / legal Custodian	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Relationship to the Student (Parent 1)</b>				
Given Name				
Family Name				
Only one name as per passport or birth certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Relationship to the Student (Parent 2)</b>				
Given Name				
Family Name				
Only one name as per passport or birth certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<b>Phone Number</b>		
	Country Code	Phone Number
<b>Mobile</b>		
<b>Home</b>		
<i>Please provide at least one telephone number including the corresponding country code.</i>		

Overseas Address			
Address Line 1			
Address Line 2			
Suburb/Town/City			
State/Province/Region			
Postcode/Zipcode			
Country			
This is the student's Current Address	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Australian Address			
Address Line 1			
Address Line 2			
Suburb		State	Postcode
This is the student's Current Address	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Onshore Residency Status			
Is the student currently enrolled in a course in Australia?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Who is the Student living with?	<input type="checkbox"/> Parent <input type="checkbox"/> Homestay	Direct Relative: _____ Other: _____	
<i>Please note: Direct relative is one of the following relationships: Brother, Sister, Step-Parent, Step-Brother, Step-Sister, Grandparent, Uncle, Aunt, Niece, Nephew, Step-Grandparent, Step-Aunt, Step-Uncle.</i>			

English Proficiency			
Have you taken a recognized English language test?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Test Name	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL iBT	<input type="checkbox"/> AEAS <input type="checkbox"/> CEFR	<input type="checkbox"/> STEP Eiken Other: _____
Test Date			Average Score
Reading	<input type="checkbox"/> Listening	<input type="checkbox"/> Speaking	<input type="checkbox"/> Writing

English at School / Home			
Are all subjects at your school taught in English?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is English your native language?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Program								
Please select from the below options to indicate which grade the student will commence their course in. (Please note the available grades have been enabled or disabled based on the students age at the intended course start date or the program they wish to enter. Please contact DE International for more information.)								
Primary		Kindergarten		Year 1		Year 2		Year 3
		Year 4		Year 5		Year 6		
Important: Please note students entering Primary School are only eligible for an enrolment duration of up to 2.5 years.								
Secondary		Year 7		Year 8		Year 9		Year 10
								Year 11 & 12
Preferred Start Term of your program								
Please select start term of your chosen program							Start Year	
	Term 1 January		Term 2 April		Term 3 July		Term 4 October	

Subject Selection			
Compulsory Subjects - Please list the subjects that you must study in order to receive accreditation for your studies in your home country e.g, Mathematics, Science, Foreign Languages, Economics, Business Studies, Music, History etc.			
Subject 1		Subject 5	
Subject 2		Subject 6	
Subject 3		Subject 7	
Subject 4			

School Selection	
Please select preferred school for enrolment in order of preference. Placement cannot be guaranteed at any of these schools. Suitability is determined by the school capacity and nominated welfare arrangement.	
Preferred School 1	
Preferred School 2	
Preferred School 3	

Sibling Information			
Will a sibling of this student be applying for an enrollment beginning at the same time?		Yes	No
Do you currently have a sibling enrolled at a NSW government school?		Yes	No
Sibling Given Name			
Sibling Family Name			
Sibling Preferred Name			
Sibling Date of Birth			
Sibling Student Number			

Sibling School Name	
Comments	

<b>Carer</b>			
Is the Student currently in the care of Parent(s) or Legal Custodian?			
	<input type="checkbox"/>	Parent(s)	<input type="checkbox"/>
			Legal Custodian
<b>Legal Custodian Info</b>			
Relationship to the Student			
Given name			
Family name			
Only one name as per passport or birth certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Has this person had an Australia visa application refused previously?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, please provide details of the visa refusal:			
Date of birth		Gender	
Country of Birth		Nationality	
Passport Number			
Email Address			
Mobile Phone		Home Phone	
Current Address			

<b>Parent Info</b>			
The student currently has only one Parent	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<b>Parent 1:</b>			
Relationship to the Student			
This person is deceased	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Given name			
Family name			
Only one name as per passport or birth certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Has this person had an Australia visa application refused previously?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, please provide details of the visa refusal:			

Date of birth		Gender	
Country of Birth		Nationality	
Passport Number			
Email Address			
Mobile Phone		Home Phone	
Current Address			
<b>Parent 2:</b>			
Relationship to the Student			
This person is deceased		Yes	No
Given name			
Family name			
Only one name as per passport or birth certificate		Yes	No
Has this person had an Australia visa application refused previously?		Yes	No
If yes, please provide details of the visa refusal:			
Date of birth		Gender	
Country of Birth		Nationality	
Passport Number			
Email Address			
Mobile Phone		Home Phone	
Current Address			

<b>Visa Details</b>			
Where will the student be when they lodge their student visa?			
Do you hold a current Australian visa?		Yes	No
What is your Visa Subclass?	Visa Expiry Date	Visa Number	

<b>OSHC Details</b>			
Do you already have Overseas Student Health Cover?		Yes	No
Current OSHC Provider		OSHC Expiry Date	
Would you like to get Health Cover from DE International (Medibank)?		Yes	No

<b>Special Circumstances</b>					
Do you have any disabilities or medical conditions?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify and provide details including ongoing treatments and medications. This includes allergies to pets, food or other allergies					
Have you been hospitalised in the last two years?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify and provide details including ongoing treatments and medications. This includes allergies to pets, food or other allergies					
To your knowledge, is there anything in your history or circumstances (including medical history) which might pose a risk of any type to you, other students, or staff at the school?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify and provide details of your medical or other history					
Have you any past history of violent behavior?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify and provide details					
Have you been suspended or expelled from any previous school?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Actual violence to any person				
	Illegal drugs				
	Possession of a weapon or any item that may cause injury				
	Threats of violence or intimidation of staff, students, or others at school				
	Other				
Have you been involved in any other incidents of the kind listed above outside the school setting?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please specify and provide details					

<b>Application Fee Payment:</b>						
Card Type	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	JCB/UnionPay
Card Number			Expiry Date			
Card Holder Name			CVV			