

## New South Wales Government School Information Checklist

### Section A: Compulsory to EVERY applicant

- Student's Birth Certificate
- Student's passport
- [Student declaration Terms and condition form](#)
- Parent's passport or ID + English translation (with signature on the side)
- Student's Academic transcript (most recent 2 years)
- Certificate of study (current enrolment evidence)

### Section B: Welfare related form (depends on welfare option) Must choose ONE of the following

<p><b>Option 1:</b> (家長陪讀) A Parent will accompany the above-mentioned student on a guardian visa. Kindergarten - Year 4 must reside with a parent on a guardian visa.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete <a href="#">Parent Declaration for Guardian Visa Application Form</a>*</li> <li><input type="checkbox"/> Confirm that the accompanying parent has no criminal record (无犯罪记录)</li> </ul>	<p><b>Option 2:</b> (直系血親) Nominate a Department of Home Affairs approved direct relative to provide accommodation, welfare and airport reception. Year 5-8 must live with a parent or direct relative nominated by parents.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete <a href="#">Direct Relative Nomination form</a>*</li> <li><input type="checkbox"/> Provide direct relative proof (亲属关系公证)</li> <li><input type="checkbox"/> Direct relative's Australian passport, or if the person is in Australia on a visa, provide a copy of the passport and current visa</li> <li><input type="checkbox"/> Confirm that the nominated relative has no criminal record (无犯罪记录)</li> </ul>
<p><b>Option 3:</b> (指定友人) Nominate a person over 25 years of age residing in NSW to provide accommodation, welfare and airport reception. This option is only available for students applying for Years 9 to 11.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete <a href="#">Parent Nomination for Homestay form</a></li> <li><input type="checkbox"/> Nominated carer's passport or visa proof (not to be on student/ guardian visa)</li> <li><input type="checkbox"/> Nominated carer's proof of address (driver license or any bill shows full name and address)</li> <li><input type="checkbox"/> Confirm that the nominated carer has no criminal record (无犯罪记录)</li> </ul>	<p><b>Option 4:</b> (寄宿家庭) Request the NSW Department of Education to arrange accommodation, welfare and airport reception. This option is only available for students applying for Years 9 to 12. Students will be placed in approved homestay accommodation.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete <a href="#">Homestay Information for Parents form</a>*</li> <li><input type="checkbox"/> Complete <a href="#">Homestay Booking form</a></li> </ul>

### Section C: For onshore applicants ONLY

- Student's current visa and guardian visa (if applicable)
- Student's current COE
- Student's current CAAW
- Student's current OSHC membership

**All forms need to be signed by hand and consistent to the signatures on IDs provided.**

# New South Wales Government School Information Gathering Form

- Please ensure that this form is **completed electronically** in English, using a computer.
- All fields must be filled in. Incomplete forms will result in delays.

## 1. Student Details

Has the student applied to a NSW government school in the past?

No  Yes Student Number:

Given name  Family name

The student does not have a family name, last name or surname?  Yes  No

Preferred name	<input type="text"/>	Date of birth	<input type="text"/>
Gender	<input type="text"/>	Country of Birth	<input type="text"/>
Nationality	<input type="text"/>	Country of Residence	<input type="text"/>

Does the student have a current valid Passport?

No  Yes Passport Number  Expiry Date

## 2. Contact Details

*Please provide student's own contact details. Student's email address should not be the same as parent's email address.*

*Please provide at least one telephone number including the corresponding country code.*

### Student Email Address

Phone Number	Country Code	Phone Number
Mobile	<input type="text"/>	<input type="text"/>
Home	<input type="text"/>	<input type="text"/>

**Overseas Address** This is the student's Current Address  Yes  No

Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Suburb/Town/City	<input type="text"/>	State/Province/Region	<input type="text"/>
Postcode/Zipcode	<input type="text"/>	Country	<input type="text"/>

**Australian Address** This is the student's Current Address  Yes  No

Address Line 1	<input type="text"/>				
Address Line 2	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

## 3. Parent Details

*Please provide parent's own contact details.*

Currently has only one Parent / Legal Custodian  Yes  No

Is the Student currently in the care of Parent(s) or Legal Custodian?

Parent(s)  Legal Custodian

<b>Parent 1</b>		Relationship to the Student					
Given Name		Family Name					
This person does not have a family name, last name or surname.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does this person have a legal custody of the student?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is this person deceased?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date of birth				Gender			
Country of Birth				Nationality			
Passport Number				Expiry Date			
Has this person had an Australia visa application refused previously?							
<input type="checkbox"/> No		<input type="checkbox"/> Yes		Visa Refusal Details:			
Email Address							
Mobile Phone		Home Phone					
Current Address							
<b>Parent 2</b>		Relationship to the Student					
Given Name		Family Name					
This person does not have a family name, last name or surname.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does this person have a legal custody of the student?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is this person deceased?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date of birth				Gender			
Country of Birth				Nationality			
Passport Number				Expiry Date			
Has this person had an Australia visa application refused previously?							
<input type="checkbox"/> No		<input type="checkbox"/> Yes		Visa Refusal Details:			
Email Address							
Mobile Phone		Home Phone					
Current Address							
<b>Carer/Legal Custodian</b>		Relationship to the Student					
Given name		Family name					
This person does not have a family name, last name or surname.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date of birth				Gender			
Country of Birth				Nationality			
Passport Number				Expiry Date			
Has this person had an Australia visa application refused previously?							
<input type="checkbox"/> No		<input type="checkbox"/> Yes		Visa Refusal Details:			
Email Address							
Mobile Phone		Home Phone					
Current Address							

## 4. Onshore Residency Status

Is the student currently enrolled in a course in Australia?  Yes  No

Who is the Student living with?

Parent  Homestay  Direct Relative:   Other:

*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.*

## 5. Visa Details

Where will the student be when they lodge their student visa?

Does the student hold a current Australian visa?

No

Yes

Visa Subclass	<input type="text"/>	Visa Number	<input type="text"/>
Grant Date	<input type="text"/>	Expiry Date	<input type="text"/>

Is the student applying for another visa?

No

Yes

What visa?

## 6. English Proficiency

Has the student taken a recognized English language test?

No

Yes

Test Name	<input type="checkbox"/> IELTS	<input type="checkbox"/> TOEFL iBT	<input type="checkbox"/> STEP Eiken	<input type="checkbox"/> Other: <input type="text"/>
	<input type="checkbox"/> AEAS	<input type="checkbox"/> CEFR		
Test Date	<input type="text"/>		Average Score	<input type="text"/>
Reading	<input type="text"/>	Listening	<input type="text"/>	Speaking
			<input type="text"/>	Writing
			<input type="text"/>	<input type="text"/>

Are all subjects at your school taught in English?  Yes  No

Is English your native language?  Yes  No

## 7. School Program and Placements

### Preferred Start Date

*Select the school term in which the student would like to commence the studies (two terms at an Intensive English Centre included for high school applications). To enrol directly in high school in the selected term, evidence of meeting English language requirements must be provided.*

Start Year	<input type="text"/>	Start Term	<input type="checkbox"/> Term 1 January	<input type="checkbox"/> Term 2 April
			<input type="checkbox"/> Term 3 July	<input type="checkbox"/> Term 4 October

### Preferred Program

*Please select from the below options to indicate which grade the student will commence their course in. Important: Please note students entering Primary School are only eligible for an enrolment duration of up to 3.5 years.*

Primary	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3
	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6	

Secondary  Year 7  Year 8  Year 9  Year 10  Year 11  Year 12

### Subject Selection (For High School Applications)

*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	<input type="text"/>	Subject 2	<input type="text"/>
Subject 3	<input type="text"/>	Subject 4	<input type="text"/>
Subject 5	<input type="text"/>	Subject 6	<input type="text"/>
Subject 7	<input type="text"/>		

### 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.*

*Current capacity report: [https://schoolsequella.det.nsw.edu.au/file/e05050b3-caea-4731-93fa-af09a6d09a37/1/Schools\\_Capacity.pdf](https://schoolsequella.det.nsw.edu.au/file/e05050b3-caea-4731-93fa-af09a6d09a37/1/Schools_Capacity.pdf)*

Preferred School 1	<input type="text"/>
Preferred School 2	<input type="text"/>
Preferred School 3	<input type="text"/>

## 8. Sibling Information

Does student currently have sibling enrolled at/applying for a NSW government school?

**No**

**Yes.** Please provide **Sibling Details**:

Given Name	<input type="text"/>	Family Name	<input type="text"/>
Preferred Name	<input type="text"/>	Date of Birth	<input type="text"/>
School Name	<input type="text"/>	Student Number	<input type="text"/>
Comments	<input type="text"/>		

## 9. OSHC Details

Do you already have Overseas Student Health Cover?

**No**

**Yes** Current Provider  Expiry Date

Would you like to get Health Cover from DE International (Medibank)?  Yes  No

## 10. Special Circumstances

Do you have any disabilities or medical conditions?

**No**

**Yes.** 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?

No

**Yes.** 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?

**No**

**Yes.** Please specify and provide details of your medical or other history:

Have you any past history of violent behaviour?

**No**

**Yes.** Please specify and provide details

Have you been suspended or expelled from any previous school?

**No**

**Yes.** Please specify:

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?

**No**

**Yes.** Please specify and provide details

From the below list, please select any that apply to the student:

Vision impairment

Language disorder

Acquired brain injury

Hearing impairment

Difficulties in learning

Mental health disorder

Behaviour disorder

Intellectual disability

Autism

Other

## 11. Application Fee Payment

Card Type

Visa

Mastercard

Card Number

Expiry Date

Card Holder Name

CVV