South Australia **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 SA 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		Date of birth	
Gender		Country of Birth	
Nationality		Country of Residence	

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		
Home		

Overseas Address	This is the student's Current Address	☐ Yes ☐ No	
Address Line 1			
Address Line 2			
Suburb/Town/City		State/Province/Region	
Postcode/Zipcode		Country	

Australian Address	This is the student's Current Address	☐ Yes ☐ No			
Address Line 1					
Address Line 2					
Suburb		State		Postcode	

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

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

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

Carer/Legal Custodian		Relationship to the Student	
Given name		Family name	
This person does not have a family name, last name or surname.	☐ Yes	☐ No	
Date of birth		Gender	
Country of Birth		Nationality	
Passport Number		Expiry Date	
Has this person had an Australia visa application refused previously?			
☐ **No** ☐ **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 | Visa Number | Grant Date | Expiry Date

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 ☐ IELTS ☐ TOEFL iBT ☐ STEP Eiken ☐ AEAS ☐ CEFR ☐ Other:

Test Date | Average Score

Reading | Listening | Speaking | Writing

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 | Start Term ☐ Term 1 January ☐ Term 2 April ☐ Term 3 July ☐ 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 ☐ Kindergarten ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ 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		Subject 2	
Subject 3		Subject 4	
Subject 5		Subject 6	
Subject 7			

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

Preferred School 1	
Preferred School 2	
Preferred School 3	

8. Sibling Information

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

☐ **No**

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

Given Name		Family Name	
Preferred Name		Date of Birth	
School Name		Student Number	
Comments			

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
- [ ] Hearing impairment
- [ ] Behaviour disorder
- [ ] Language disorder
- [ ] Difficulties in learning
- [ ] Intellectual disability
- [ ] Acquired brain injury
- [ ] Mental health disorder
- [ ] Autism
- [ ] Other

Extra Questions for SA Government Schools

Emergency Contact (Other than Parent)

Family Name	Given Name
Date of Birth	Relationship to Student
Mobile	Home Telephone
Email	

Accommodation

☐ **Arranged by South Australian Government Schools**

Have you ever lived in another country for longer than 3 months? If yes, please specify

Have you ever lived with a homestay family before? If yes, what countries?

Do you prefer to live with a family who has children? If yes, What age range is preferred?

Are you able to live with the following animals?

☐ Cat ☐ Dog ☐ Bird ☐ No

Do you have any dietary requirements? If yes, please specify.

What kinds of foods do you like?

What kinds of foods do you dislike?

Write a brief description about yourself for your homestay (i.e. hobbies/interests)

☐ **Self Arranged**

☐ With a relative ☐ With a non-relative

Contact Details	
Family Name	Given Name
Date of Birth	Title
Residency/Visa status	Relationship to Student
Email	Occupation
Mobile	Telephone
Detailed Address (number, street)	
City/Town/Suburb/District	
State/Province/Prefecture	
Postcode	Country