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FAMILY NAME	PERSONAL NAME	ENGLISH NAME	TITLE
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Will the student be living with mother and/or father in Australia?		Yes / No
!		If yes, circle: Mother / Father
If yes, address in Australia	!	
!		

OR

Does the student require the College to arrange

FAMILY NAME _____PERSONAL NAME _____

DATE OF BIRTH _____ RELIGION _____

MALE / FEMALE

PLACE OF BIRTH _____MOBILE PHONE _____

MOTHER'S NAME !_____FATHER'S NAME !_____!

ADDRESS IN HOME COUNTRY

HOME TELEPHONE NUMBER _____FAX _____

EMAIL

WHAT IS YOUR LEVEL OF ENGLISH?)

Beginner Elementary Intermediate Advanced

WHAT OTHER LANGUAGES DO YOU SPEAK?

DO YOU SMOKE? YES / NO)

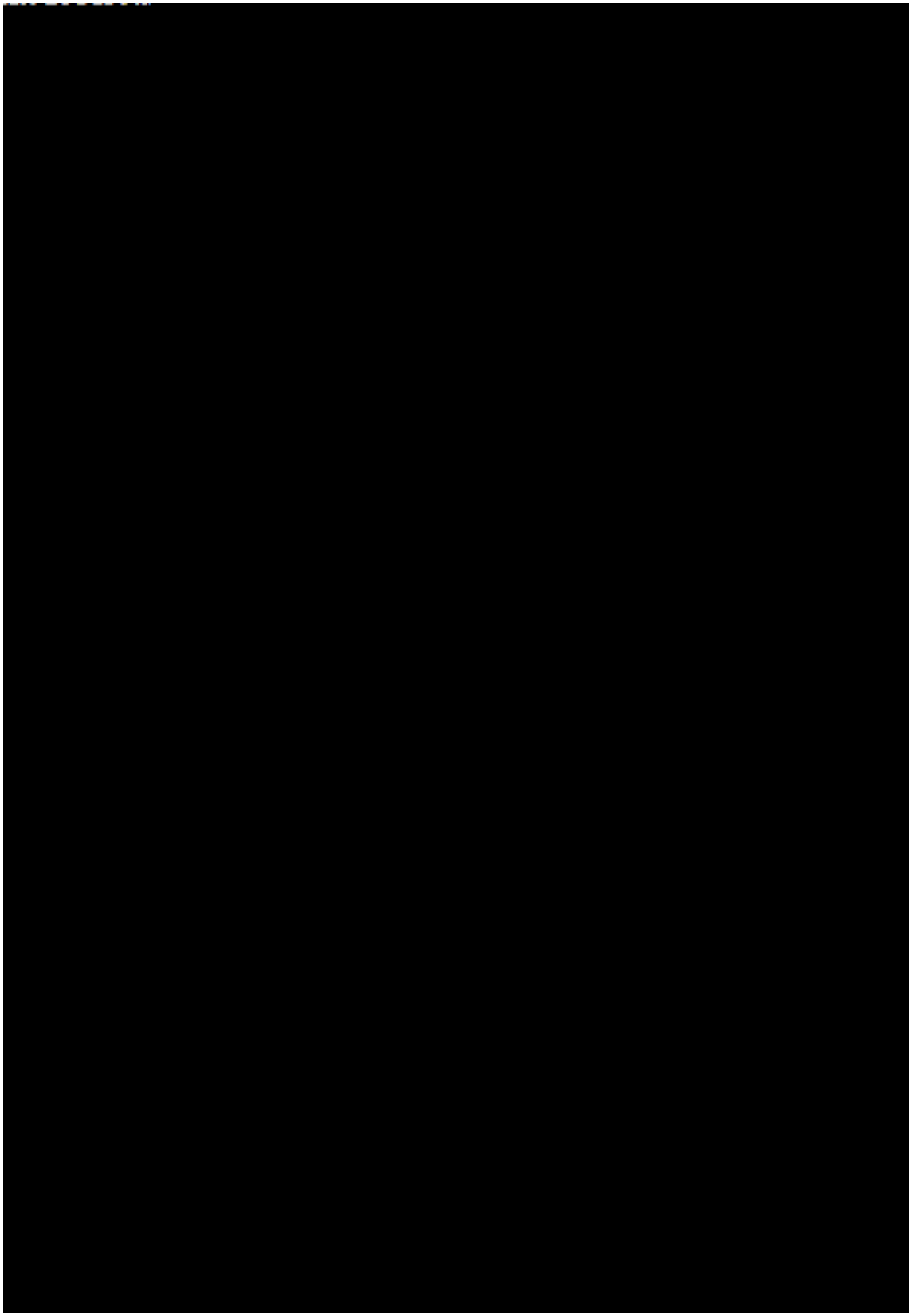
ARE YOU ALLERGIC TO CATS / DOGS / OTHER PETS? YES / NO)

DO YOU HAVE ANY ALLERGIES?

CAN YOU SWIM? YES, VERY WELL / YES, A LITTLE / NO ( )

ARE YOU TAKING ANY MEDICATION AT THE MOMENT? WHAT IS IT AND WHAT IS IT FOR?

WHAT



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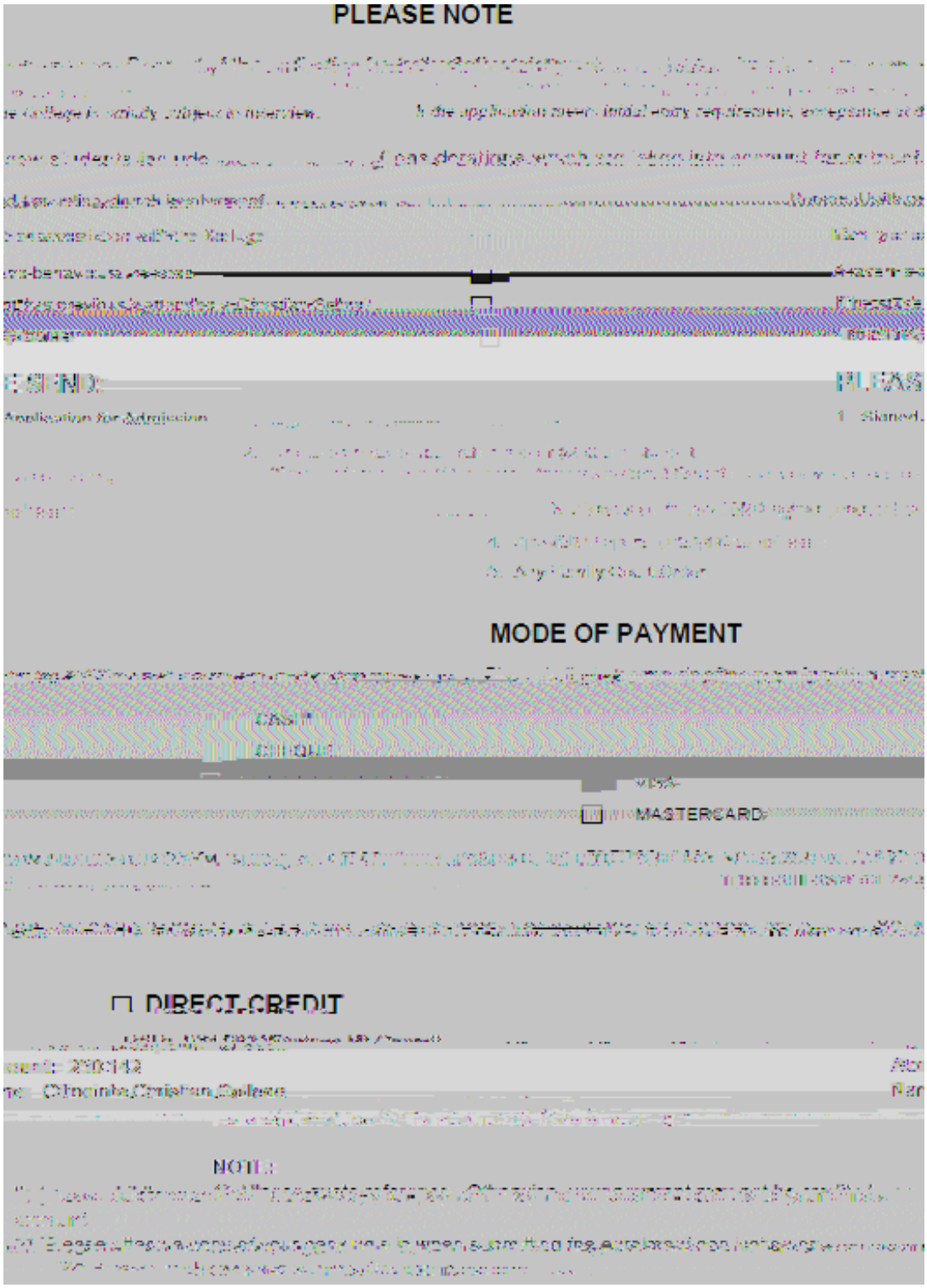
PLEASE NOTE
MODE OF PAYMENT
MASTERCARD
DIRECT CREDIT
NOTE:

Please complete the following details for credit card payment:

Card Number _____

Expires on _____

[illegible] _____ [illegible] _____

Amount to be debited $ _____

Name on Card _____

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CONDI ION OF ENROLMEN

A reference copy of this conditions of enrolment is accessible on the College website at https://citipointe.qld.edu.au/international/policies/

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