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Selwyn Ridge School International Student Enrolment Application



Student Details	5						
First Name		Surname					
Preferred Name		Preferred Surname					
Date of Birth		Gender					
Nationality		Passport Number					
Visa Type/Status		Passport expiry					
Street Address							
Suburb							
City		Post	Code				
Primary Contact							
Family Name		First Name					
Preferred Name		Phone					
Passport Number		Passport expiry					
Phone Number		Email					
Street Address		1					
Suburb							
City							
Secondary Contact							
Family Name		First Name					
Preferred Name		Phone					
Passport Number		Passport expiry					
Phone Number		Email					
Street Address							
Suburb							
City							

Emergency Co	ontact						
Name			Relationship				
Address			Phone				
Medical conditions							
Allergies							
Medication							
Other							
Enrolment							
Start Date			End date				
Insurance							
Period covered							
Insurance firm							
Documentation							
Student Passport and Visa details							
Parent Passport and Visa details							
Tuition agreement							
Insurance Document							

In signing this, you are agreeing to the statements listed below:

1. I give permission for the school to sanction any required emergency medical treatment .

- 2. I give permission for my child to be taken out of school during the day, for purposes of educational trips within the local school environment
- 3. I agree to abide by the Board of Trustees Policies.

Signed

Date/_/

Online Newsletter Sign Up

We encourage families to receive the fortnightly Selwyn Ridge School newsletter online to help us save printing costs, and so we know that you have received the newsletter directly to your inbox.

Please sign up with your email here______@_____