

# JP International College

RTO No. 88196 CRICOS Provider No 03190J

## International Student Enrolment Form

Please attach  
two passport  
size photos

### PERSONAL DETAILS

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex  Male  Female

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_ Email address \_\_\_\_\_

Phone Contact Number Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

### EDUCATION DETAILS

Highest Level of Education  School  Institute  Technical Institute  University

Name of Institution(s) 1. \_\_\_\_\_ Year Completed \_\_\_\_\_

2. \_\_\_\_\_

<b>Proficiency In English</b>	<b>Special Needs</b>
<b>What is your level of English? (Please tick)</b>	<b>Do you have any special needs that JP International College should be aware of (e.g. medical condition, dietary, etc)</b>
Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes" please specify: _____

<b>Have you taken TOEFL/IELTS/other English test?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", Score: _____	<b>Do you wish to apply for recognition of prior learning?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

<b>International Details</b>	<b>Overseas Health Student Cover</b>
Country of Citizenship _____	The Australian Government requires all people entering Australia on student visa to take out Overseas Student Health Cover (OSHC). The current cover is \$AUD349.00 per annum/per person  Do you require JP International College to assist you in arranging OSHC for you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport No: _____	
Visa Type: _____	
Visa No: _____	

Office of Visa Application \_\_\_\_\_

### COURSE DETAILS (Please select the course you wish to enrol into by ticking the box beside the relevant course)

Course Name _____	<input type="checkbox"/>	CRICOS Code _____
Course Name _____	<input type="checkbox"/>	CRICOS Code _____
Start Date _____	Finish Date _____	Duration _____

### METHOD OF PAYMENT

Cheque  Cash  Credit Card  Bank Deposit\*  International Money Order

\* For bank account details for direct deposit please contact JP International College directly

<b>FEES/PAYMENT DETAILS (Fee Calculation)</b>	<b>DECLARATION</b>
Enrolment Fee _____	I hereby declare that I have read, understood and accepted the terms and conditions of enrolment stated on the reverse of this form.
Tuition Fee - Annual _____	

OSHC		I also acknowledge that I have read the information contained within the Student Manual.
Other		
TOTAL		Signature _____ Date _____