



# INTERNATIONAL STUDENT

## > REQUEST FOR SCHOOL PLACEMENT OF DEPENDANT/S OF AN OVERSEAS STUDENT UNDERTAKING A MASTERS OR PHD COURSE (573/574)

The following information is to be completed by the student and verified by the university international officer who will submit to [admissions.tiwa@dtwd.wa.gov.au](mailto:admissions.tiwa@dtwd.wa.gov.au)

No dependant child can be enrolled in a Western Australian Public School without first having completed this form.

A separate form is required for each postgraduate student with dependant children.

The dependant children must be in Western Australia before a placement is requested.

Please print name as it appears in the applicants and childs passport. All fields requiring date/s to be filled in DD/MM/YY format unless specified.

### CHECKLIST

You will be required to provide supporting documents to lodge this form including:

- Academic transcript for each child
- Copy of each child's current passport
- Current visa grant documentation for you and each child

### CITIZENSHIP

Country of birth:

Country of citizenship (as shown on passport):

Passport number:  Expiry date:

Do you hold a current Australian Visa?  Yes  No Visa expiry date:

If Yes, what type of visa do you hold?

### 1. UNIVERSITY INFORMATION

Name of university:

Name of International Officer:

Telephone:  Email:

## 2. POSTGRADUATE STUDENT'S INFORMATION

Title (Mrs, Miss, Ms, Mr etc):  Date of birth:  Gender  M  F

Family name:  Given name(s):

Relationship to student:  Mother  Father  Guardian

Visa subclass (573/574):  Visa expiry date:

Student ID no.:  Sponsored student:  Yes  No

Email:

Passport nationality:  Passport number:

Passport expiry date:

### Home country address:

Number + Street:  Suburb/City:

Province/State:  Country:  Postcode/Zip code:

Telephone (country code/area code/number):  Mobile:

### Local address in Western Australia (if known):

Number + Street:  Suburb/City:

Postcode/Zip code:  Telephone:  Mobile:

### Course details:

Course type:  Masters  PhD Course duration (years):

Is this placement for the current year?  Yes or  Next school year 20  (YY)

### Scholarship holders:

Please indicate whether you hold one of the following scholarships.

Scholarships that also sponsor dependant children  Verified by university Signed date:

Full Commonwealth of Australia Scholarship awarded by a Western Australian University

Title:   Verified by university Signed date:

Full scholarship awarded by the university

Title:   Verified by university Signed date:

### 3. DEPENDANT CHILD'S/CHILDREN'S INFORMATION (CHILD ONE)

A separate sheet must be completed for each dependant child.

Family name:  Given name(s):

Date of birth:  Gender  M  F

Visa number:  Passport nationality:

Passport number:  Passport expiry date:

Current Visa subclass:  Visa expiry date:

#### Language:

What is your child's first language?  What language is spoken at home?

Is your child studying English anywhere before commencing studies at a Public Primary or Secondary School?  Yes  No

If yes, where?  For how long?

Can you child speak English?  Yes  No

If yes please indicate your child's English language level:  Low  Medium  High

#### Other information:

Please list school/s where other siblings are already placed:

#### Previous education:

Please attach transcripts of your child's most recent schooling results (except holders of a full Commonwealth of Australia scholarship).

Highest education:  Year:  Country:

Name of school:  Year level studied:  Period of study:

Has your child studied at another school in Australia before coming to TAFE International Western Australia (TIWA)?  Yes  No

If yes, Year:  Name of school:

Year level studied:  Period of study:

#### Disability/medical:

Does your child have a disability, impairment or long-term medical condition which may affect their studies?  Yes  No

Please indicate the type/s of disability:  Hearing  Vision  Learning  Medical  Mobility  Other

Please give brief details about their condition/disability:

### 3. DEPENDANT CHILD'S/CHILDREN'S INFORMATION (CHILD TWO, IF APPLICABLE)

A separate sheet must be completed for each dependant child.

Family name:  Given name(s):

Date of birth:  Gender  M  F

Visa number:  Passport nationality:

Passport number:  Passport expiry date:

Current Visa subclass:  Visa expiry date:

#### Language:

What is your child's first language?  What language is spoken at home?

Is your child studying English anywhere before commencing studies at a Public Primary or Secondary School?  Yes  No

If yes, where?  For how long?

Can your child speak English?  Yes  No

If yes please indicate your child's English language level:  Low  Medium  High

#### Other information:

Please list school/s where other siblings are already placed:

#### Previous education:

Please attach transcripts of your child's most recent schooling results (except holders of a full Commonwealth of Australia scholarship).

Highest education:  Year:  Country:

Name of school:  Year level studied:  Period of study:

Has your child studied at another school in Australia before coming to TAFE International Western Australia (TIWA)?  Yes  No

If yes, Year:  Name of school:

Year level studied:  Period of study:

#### Disability/medical:

Does your child have a disability, impairment or long-term medical condition which may affect their studies?  Yes  No

Please indicate the type/s of disability:  Hearing  Vision  Learning  Medical  Mobility  Other

Please give brief details about their condition/disability:

### 3. DEPENDANT CHILD'S/CHILDREN'S INFORMATION (CHILD THREE, IF APPLICABLE)

A separate sheet must be completed for each dependant child.

Family name:  Given name(s):

Date of birth:  Gender  M  F

Visa number:  Passport nationality:

Passport number:  Passport expiry date:

Current Visa subclass:  Visa expiry date:

#### Language:

What is your child's first language?  What language is spoken at home?

Is your child studying English anywhere before commencing studies at a Public Primary or Secondary School?  Yes  No

If yes, where?  For how long?

Can your child speak English?  Yes  No

If yes please indicate your child's English language level:  Low  Medium  High

#### Other information:

Please list school/s where other siblings are already placed:

#### Previous education:

Please attach transcripts of your child's most recent schooling results (except holders of a full Commonwealth of Australia scholarship).

Highest education:  Year:  Country:

Name of school:  Year level studied:  Period of study:

Has your child studied at another school in Australia before coming to TAFE International Western Australia (TIWA)?  Yes  No

If yes, Year:  Name of school:

Year level studied:  Period of study:

#### Disability/medical:

Does your child have a disability, impairment or long-term medical condition which may affect their studies?  Yes  No

Please indicate the type/s of disability:  Hearing  Vision  Learning  Medical  Mobility  Other

Please give brief details about their condition/disability:

### 3. DEPENDANT CHILD'S/CHILDREN'S INFORMATION (CHILD FOUR, IF APPLICABLE)

A separate sheet must be completed for each dependant child.

Family name:  Given name(s):

Date of birth:  Gender  M  F

Visa number:  Passport nationality:

Passport number:  Passport expiry date:

Current Visa subclass:  Visa expiry date:

#### Language:

What is your child's first language?  What language is spoken at home?

Is your child studying English anywhere before commencing studies at a Public Primary or Secondary School?  Yes  No

If yes, where?  For how long?

Can your child speak English?  Yes  No

If yes please indicate your child's English language level:  Low  Medium  High

#### Other information:

Please list school/s where other siblings are already placed:

#### Previous education:

Please attach transcripts of your child's most recent schooling results (except holders of a full Commonwealth of Australia scholarship).

Highest education:  Year:  Country:

Name of school:  Year level studied:  Period of study:

Has your child studied at another school in Australia before coming to TAFE International Western Australia (TIWA)?  Yes  No

If yes, Year:  Name of school:

Year level studied:  Period of study:

#### Disability/medical:

Does your child have a disability, impairment or long-term medical condition which may affect their studies?  Yes  No

Please indicate the type/s of disability:  Hearing  Vision  Learning  Medical  Mobility  Other

Please give brief details about their condition/disability:

## ADDITIONAL INFORMATION

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## DECLARATION

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Information provided in this application may be made available to State and Commonwealth agencies.

I certify that the information on this form and supporting documentation is complete and correct. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my child's application may result in the cancellation of their enrolment.

By signing this application form I agree to the following:

- > My child will attend school in accordance with Australian Government policy.
- > I understand that placement in a school is based on a spare capacity, a suitable education program and at the Principal's discretion.
- > Due to the high demand for places in Western Australian public schools, places in my local school and other nearby schools may not be available.
- > The school allocated to my child/ren may be some distance from my place of residence and may not be near the university.
- > I will pay contributions, charges and fees, as determined by the school, directly to the school.
- > I understand that personal items such as school and sports uniforms, items for individual student use, stationery, travel to and from school, excursions/incursions, books, swimming programs and optional courses of study all incur additional fees.
- > I understand that special needs programs are costed on the basis of the child's requirements in accordance with the Department of Education's inclusive education standards. More information will be provided by TIWA if special needs programs are required.
- > I understand placement in an Intensive English Centre is \$3,000 per year and English as an Additional Language or Dialect (EALD) classes is \$1,500 per year. This is additional to the tuition fees subject to review annually.
- > Placements for compulsory schooling will receive priority. Kindergarten is not compulsory schooling and placements will be requested only when all other requests have been completed.

Parent / Guardian name:  Signature: ..... Date: