

# INTERNATIONAL ENROLMENT FORM

**CAMBERWELL GIRLS  
GRAMMAR SCHOOL** | An  
Anglican  
School  
**CREATE YOUR TOMORROW**



Entry point is from Year 9. This Enrolment Form is for students who hold / or will be holding a Student Visa 500. Please complete, sign & return this form together with the non-refundable registration fee of AUD\$100.

## STUDENT DETAILS

Given Names		Last Name	
Preferred Name		Date of Birth	/ /
Country of Birth		Religious Denomination	
Mobile		Email	
Year Level at Entry		Intended Year of Entry	
		Current Year Level	
Current School			

Please indicate with a tick that you have attached a copy of the following documents: ☐ Birth Certificate ☐ Passport ☐ AEAS Report

## PARENT 1 DETAILS

Title	First Name		Last Name	
Preferred Name				
Street Address				
City / Town		State / Province		
Zip / Postal Code		Country		
Home Phone		Mobile		
Email				
Occupation		Industry		
Employer				
Business Street Address				
City / Town		State / Province		
Zip / Postal Code		Country		

## PARENT 2 DETAILS

Title	First Name		Last Name	
Preferred Name				
Street Address				
City / Town		State / Province		
Zip / Postal Code		Country		
Home Phone		Mobile		
Email				
Occupation		Industry		
Employer				
Business Street Address				
City / Town		State / Province		
Zip / Postal Code		Country		

## ACCOMMODATION ARRANGEMENTS

Student will be living with:

- ☐ A parent or legal custodian who is on a Guardian Visa  
☐ An eligible relative over 21 years old nominated by their parents (*Please complete Welfare Arrangement details below*)  
☐ In homestay accommodation (*Please complete Welfare Arrangement details below*)

### Welfare Arrangements

All International Students attending Camberwell Girls Grammar School who are not living with their parents are required to have a school approved support person who will act on the family's behalf while the student is studying in Melbourne. Please only complete this section if you have nominated an eligible relative living in Australia as the support person. If you do not have a support person, the school will approve support services through International Student Alliance (ISA) Student Care and Support Services.

Title		First Name		Last Name	
Street Address					
Suburb / Town				State	
Postcode		Country			
Home Phone		Mobile		Email	
Relationship with enrolling student					

## AGENT DETAILS

Name of Agency					
<b>Contact Details</b>					
Title		First Name		Last Name	
Business Street Address					
Suburb / Town				State / Province / Region	
Postcode		Country			
Business Phone				Business Email	

**Privacy Collection Notice** Under the Privacy Act (the act) Camberwell Girls Grammar School is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the act and the 13 Australian Privacy Principles (APP's). This information is set out in our Privacy Policy which is available on our public website (cggs.vic.edu.au) and also available upon request in hard copy from the School's Business Office. If you have any queries with respect to its content please contact the Privacy Officer on camgram@cggs.vic.edu.au

*Camberwell Girls Grammar School complies with the principles of the Commonwealth Privacy Act.*

## BUSINESS REGULATIONS

Please read our International Business Regulations prior to submitting your application.

Tick to confirm:

- ☐ I have read and understand the International Business Regulations Terms and Conditions.

*CGGS is committed to child safety.*

## PARENT SIGNATURES Both parents are required to sign.

Parent 1 Signature		Date	/	/
Parent 2 Signature		Date	/	/

## PLEASE RETURN

**Please confirm you have completed the following:**

- Completed the entire Enrolment Form with payment of non-refundable Registration Fee of AUD\$100
- Included a copy of enrolling student's:  
Birth Certificate, Passport and AEAS Report

**Return completed form with attached documents to:**

Admissions Manager  
Camberwell Girls Grammar School  
2 Torrington Street, Canterbury, VIC, Australia 3126

## PAYMENT DETAILS

Please tick: ☐ Cheque ☐ Visa ☐ Mastercard

**Total Payment: AUD\$100**

Name on card:					
Card Number					
Card Expiry			/		

ABN 79 004 166 349  
CRICOS 00141J