



**Australian English Colleges Pty Ltd**  
**(trading as Bayside International College)**

ABN 72 606 814 019

RTO Code: 45215 | CRICOS Provider Code: 03630A

Mascot Campus: G03, 247 King St., Mascot Sydney NSW 2020

Bondi Campus: Level 1, 133 Oxford Street, Bondi Junction, NSW 2022

Darwin Campus: 19 Kitchener Drive, Darwin City, NT 0800

T: +61 2 9667 1458 | E: info@bic.edu.au W: www.bic.edu.au

## Study Tour Application Form

Personal Details	
Surname:	Given Name:
Email:	
Gender:	Date of birth:
Current School:	Year Level:
Permanent Australian resident?	Nationality:
Passport number:	Expiry Date:
Main language spoken at home:	
Mobile phone:	
Residential Address:	
Duration:      ( ) Option 1 (1-week/ 7 days)	( ) Option 2 (2-week/ 14 days)
Have you travelled internationally previously:	Have you ever been refused a Visa for travel?

**Please complete the following questions:**

**What would you like to gain from participating in the International Study Tour? (50 words)**

**What challenges do you expect to encounter in participating in the study tour and how would you respond? (50 words)**





<b>Parent Information</b>		
Surname:	Given Name:	
Email:	Occupation:	
Permanent Australian resident?		
Address:		
Contact details: Home	Work:	Mobile:

<b>Parent Information</b>		
Surname:	Given Name:	
Email:	Occupation:	
Permanent Australian resident?		
Address:		
Contact details: Home	Work:	Mobile:

<b>Nominated Legal Guardian (if applicable)</b>		
Surname:	Given Name:	
Email:	Occupation:	
Relationship to student:		
Address:		
Contact details: Home	Work:	Mobile:

### **Emergency contacts**

Please nominate two people who can be contacted in case of emergency where the parents cannot be contacted. Ideally, the contact person should be able to access the school easily. Please ensure you have discussed with the people listed their willingness to be an emergency contact.

<b>Contact 1</b>		
Name:		
Relationship to Student:		
Address:		
Contact details: Home/Work	Mobile:	

<b>Contact 2</b>		
Name:		
Relationship to Student:		
Address:		
Contact details: Home/Work	Mobile:	





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## Medical questionnaire

Does the student have any current illness or physical disability? If yes, please provide details:

Is the student fully immunized?      YES    /    NO

Please indicate the foods that have caused an allergic reaction and provide a brief description.

## Refund/cancellation policy

Fees are non-refundable once study tour has commenced.

## Non-Attendance

Fees are payable for the whole period of enrolment. No deduction may be made for non-attendance, for any reason.

## Withdrawal

Parents/Guardians must give six (6) weeks' notice of withdrawal prior to the commencement of a study tour.





## Enrolment Declaration

**I/ we,** \_\_\_\_\_ being the parent's/ guardian of \_\_\_\_\_ (full name of participant) hereby apply for admission to the Australian English Colleges Pty. Ltd. (Trading as: Bayside International College) of the student named above for the purpose of study tour.

**I/we** understand that the school cannot accept or continue to educate any student who has no desire to be educated or who is not at the school on his/her own determination. Also, that the school has the right to refuse any applicant or to dismiss any student misrepresented during enrolment or whose conduct or influence is unsatisfactory in the opinion of the school.

**I/we** understand fees are non-refundable once study tour has commenced.

**I/we** understand fees are payable for the whole period of enrolment. No deduction may be made for non-attendance, for any reason.

**I/we** understand Parents/Guardians must give six (6) weeks' notice of withdrawal prior to the commencement of a study tour or forfeit four (4) weeks' fees.

**I/we** hereby give permission for emergency treatment by a qualified school staff member and give permission for the child to be transported by ambulance or car to an emergency centre for treatment. In the event that I/we cannot be located I/we further consent to the medical, surgical and hospital care, treatment or procedure deemed immediately necessary or advisable to safeguard the participant's health. All medical and/or transportation costs to be borne by the parent/guardian.

**I/we** have disclosed any medical condition our child has to the school and to the guardian.

**I/we** give permission for the participant to participate in school activities held on occasion outside the premises.

**I/we** hereby give permission for the use of pictures of the participant or his/her written materials, whole or summarized, in promotional materials of the school and occasionally by organizations we visit on school excursions.

**I/we** certify that the participant health and physical condition are both suitable for the performance of school activities and that our child has not been suspended or expelled from any school, nor found guilty of any violation of the law.

**I/we** will notify Bayside International College of any past or present court summons or warrants that the participant has been involved in before entry to the school.

**Where** custody and/or guardianship is joint, both parties are to sign, showing their agreement.

\_\_\_\_\_ (Parent name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Parent name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)