



Application Schedule

A non-refundable fee of \$300.00 (inc GST) is to accompany this application

Students Given Names:		Surname:	
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Date of Birth:			
Year of Admission:		Year Level requested.....	
Length of Intended Stay:		Current School:	
Child's Country of Birth:		Nationality:.....	
Child's Main Language spoken at home.....			
Is the student of Aboriginal or Torres Strait Islander Origin?		<input type="checkbox"/>	Yes <input type="checkbox"/> No
ARE YOU A HOLDER OF A TEMPORARY ENTRY VISA:		<input type="checkbox"/>	Yes <input type="checkbox"/> No
VISA GRANT NOTICE NUMBER:			

Mother/Guardian Details	Father/Guardian Details
Full Name:	Full Name:
Address:	Address:
Occupation:	Occupation:
Home Phone No:.....	Home Phone No:.....
Work Phone No:.....	Work Phone No:.....
Mobile No:	Mobile No:
Country of Birth:	Country of Birth:
Email:	Email:
Billing Email:	Billing Email:

How did you hear about Quintilian?
(facebook/instagram/web/other parents/advertising)
.....
.....

What is the main reason for your interest in Quintilian?.....
.....
.....

Sibling Name/s:	Age:	Current School:

Additional Information

Details of any condition that may call for special adjustments to be taken for the benefit or protection of the student.

Any academic extension or support required:.....
.....

Any medical concerns:.....
.....

Any social,emotional or behavioural management required:.....
.....

Any physical disabilities:

To support this application, we require information and copies of your child’s most recent school reports/IEP’s/Specialist assessments/Psych reports etc that may have been provided to you. Applications won’t be considered without this additional information being provided.

In some cases an additional form may be required to be completed for the purpose of determining the adjustments a child may need at school and will in no way jeopardise acceptance of that child.



I authorise Quintilian School to contact previous schools, which my child has attended to obtain information, which will assist the enrolment process.

I declare that the information provided on this form is true and correct.

By signing this form you give permission for the school to pass on visa information to a third party if requested. Third parties can be: employers, government agencies, licensing authorities or other educational institutions.

Full Name of Mother/Guardian

.....

Signed:

Date:

Full name of Father/Guardian

.....

Signed:.....

Date:.....

Office: Payment Received \$ Date:
Cheque/EFT/Visa

Internet Banking Details: BSB NO: 016-112
Account Number: 4229-51244 ANZ Bank
Account Name: Quintilian School Inc
Swift Code: ANZBAU3M

