

**This Application for Enrolment is endorsed by MEMOSA**

**1**  
Student  
Personal Details

Family Name		Given Name	
Date of Birth (DD/MM/YY)		Gender	Male      Female
Current Age		Nationality	
Address in Home Country			
Country		Postcode/ZIP	
Mobile Number		Skype address	
Email Address			

**2**  
School Record

Have you previously been enrolled in a school in International ?	YES		NO	
Name of last school attended or currently attending?				
Year level of last school attended or currently attending?				
In what year was the last school attended or currently attending?				
<b><i>Please attach copies of the student's past 3 years of Academic Transcripts (translated to English) and any International school reports.</i></b>				

**3**  
English Proficiency

Have you completed any of the following English language assessments?	YES		NO	
IELTS	Score	Date of testing		
TOEFL	Score	Date of Testing		
AEAS	Score	Date of Testing		
Other:		Score		Date of Testing
How long have you been studying English language(number of years)?				
What English level are you currently at?	Beginning		Elementary	
			Intermediate	
				Advanced
<b><i>Please attach copies of the student's English language assessment</i></b>				

**4**  
Parent / Guardian  
Details

Father's Family Name		Father's Given Name	
Father's Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address		Skype address	

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

Mother's Family Name		Mother's Given Name	
Mother's Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address		Skype address	

Guardian's Family Name		Guardian's Given Name	
Guardian's Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address		Skype address	

**Consent for Photographs and Publications of Student or their Work**

I give my consent that images or photographs, or school work, may be included in MEMOSA marketing materials

YES

NO

Do you have any current or pre-existing medical condition that may require treatment including, but not restricted to, Asthma, Diabetes, Epilepsy, etc?	YES		NO	
If yes, please specify				
Are you currently taking any form of medication on a regular basis?	YES		NO	
If yes, please specify				
Do you suffer from any allergies?	YES		NO	
If yes, please specify				
Have you had any operations or been hospitalised in the last 12 months?	YES		NO	
If yes, please specify				
Have you ever been diagnosed with a Mental Illness including, but not restricted to, anxiety, depression, eating disorder.	YES		NO	
If yes, please specify				
Do you have any form of impairment including, but not restricted to, loss of vision, hearing, learning issue?	YES		NO	
If yes, please specify				
Will you require any form of counselling including, but not restricted to, psychiatric, psychological whilst in International?	YES		NO	
If yes, please specify				
Is there any other information about your wellbeing we should be aware of?	YES		NO	
If yes, please specify				
<i>Failure to answer the above honestly will be considered 'non-disclosure' and may result in your enrolment being cancelled</i>				

5

Medical and Impairment Information

## MEMOSA Application for Enrolment

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

**(please tick (✓) the program, semester and the Year Level you intend to study)**

ELICOS – Primary / Middle / Secondary		Number of weeks you wish to enrol			
Reception		Semester 1	Semester 2	Year	
Year 1		Semester 1	Semester 2	Year	
Year 2		Semester 1	Semester 2	Year	
Year 3		Semester 1	Semester 2	Year	
Year 4		Semester 1	Semester 2	Year	
Year 5		Semester 1	Semester 2	Year	
Year 6		Semester 1	Semester 2	Year	
Year 7		Semester 1	Semester 2	Year	
Year 8		Semester 1	Semester 2	Year	
Year 8 (International Bacculaureate)		Semester 1	Semester 2	Year	
Year 9		Semester 1	Semester 2	Year	
Year 9 (International Bacculaureate)		Semester 1	Semester 2	Year	
Year 10		Semester 1	Semester 2	Year	
Year 10 (International Bacculaureate)		Semester 1	Semester 2	Year	
Year 11 (SACE)		Semester 1	Semester 2	Year	
Year 11 (International Bacculaureate)		Semester 1	Semester 2	Year	
Year 12 (SACE)		Full year program		Year	
Year 12 (International Bacculaureate)		Full year program		Year	

### Please indicate your schools of preferred from 1-5

(Visit **memosa.info** for information about each school listed below)


6 Study Selection

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

**7**  
**Accommodation**


**8**  
**Agent Contact Details**

Name of Agency			
Agent's Name			
Address			
Country			Postcode/ZIP
Telephone Number		Mobile Number	
Email Address	Skype address		



## MEMOSA Application for Enrolment

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

### Authorisation

\_\_\_\_\_ (Student Name)

- Authorise Memosa Education Group to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998.
- Authorise Memosa Education Group to make relevant enquiries, where necessary, and in accordance with legislation, regarding my application for the purpose of undertaking study.
- Understand that my information will only be released to third parties in accordance with legislation.
- Agree for my academic performance and conduct be made available to an MEMOSA parents and homestay
- Understand that I may, at any time, revoke my authorisation for Memosa Education Group to release my information to third parties by notifying Memosa Education Group and that implementation cannot be retrospective.
- Understand that this application does not constitute an acceptance by an MEMOSA and that an interested MEMOSA may require additional evidence including, but not restricted to, an interview, additional English assessment, well-being information to determine if an offer will be made.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date