MILC BOARDING HOUSE APPLICATION FORM

Melbourne Intercultural Learning Centre

STUDENT INFORMATION

Surname: _____ First Name:_____

English Name / Preferred Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: □ Male □ Female □ Other

Nationality: _____

Primary Language: _____

Passport Number: _____

Visa Type: □ Student □ Other (please specify): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____

Relationship to Student: _____

Phone (Home): _____ (Mobile): _____

Email: _____

Residential Address: _____

Parent/Guardian 2 Name: _____

Relationship to Student: _____

Phone (Home): _____ (Mobile): _____

Email: _____

Residential Address: _____

BOARDING DETAILS

Preferred Boarding Option: □ Full-time (7 days) □ Casual (by days)

Proposed Check-in Date: _____

Proposed Check-out Date: _____

Does the student require airport pickup ($230 for one way airport pick-up)? □ Yes; □ No

Your flight arrival date and time:_____, Your flight No:_____

Does the student require a welfare service (if legal guardian is not accompanying, it is mandatory you choose yes; A fee of $90 per week will apply)? □ Yes □ No

If No, who is providing you with the local welfare service:_____

What is your destination school:_____

Do you have an agent assisting you for your study: □ Yes, Agent name_____ □ No

MEDICAL INFORMATION

Does the student have any medical conditions? □ Yes □ No

If yes, please specify: _____

Does the student have any allergies? □ Yes □ No

If yes, please specify: _____

Does the student take any regular medication? □ Yes □ No

If yes, please specify: _____

Onshore Emergency Contact (Other than Parent/Guardian):

Name: _____ Relationship: _____

Phone: _____

SPECIAL REQUIREMENTS

Does the student have any special dietary requirements? □ Yes □ No

If yes, please specify: _____

Any additional requests or concerns: _____

DECLARATION

I/We declare that the information provided in this application is accurate and complete. I/We understand that submission of this form does not guarantee a place at MILC Boarding House. If accepted, I/We agree to abide by the MILC Boarding House policies and procedures.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

OFFICE USE ONLY

Application Received: _____ Approved: □ Yes □ No

Remarks: _____

Processed by: _____ Date: _____