



## APPLICATION FOR TESTING (To be typed and completed in English)

NAME: \_\_\_\_\_

(Please type family name in CAPITALS)

COUNTRY: \_\_\_\_\_

MALE / FEMALE

(Please tick)

DATE OF BIRTH: \_\_\_\_\_

RELIGION: \_\_\_\_\_

STATUS (Please tick):

INTERNATIONAL STUDENT (571)

[ ]

AUSTRALIAN PERMANENT RESIDENT

[ ]

AUSTRALIAN CITIZEN

[ ]

AUSTRALIAN TEMPORARY RESIDENT (163 / 475)

[ ]

HAVE YOU EVER TAKEN THE AEAS TEST BEFORE?

YES / NO

If yes, please give date of previous test(s): \_\_\_\_\_

DATE OF TESTING: \_\_\_\_\_

PLACE OF TESTING: \_\_\_\_\_

REFERRING EDUCATION AGENT: \_\_\_\_\_

(if applicable)

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

AGE AT TIME OF TESTING: \_\_\_\_\_

BOARDING OR HOMESTAY: \_\_\_\_\_

SCHOOLS APPLIED FOR: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

YEAR LEVEL APPLIED FOR: \_\_\_\_\_

BEGINNING: Month \_\_\_\_\_ Year \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

PRESENT YEAR LEVEL: \_\_\_\_\_

COMMENCED: Month \_\_\_\_\_ Year \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME & TELEPHONE NO. OF AUSTRALIAN GUARDIAN: \_\_\_\_\_

