



APPLICATION FOR TESTING

(To be completed in English)

NAME:
(Please underline Family Name)

MALE / FEMALE
(Please circle)

COUNTRY:

DATE OF BIRTH:

RELIGION:

STATUS (Please tick appropriate box): OVERSEAS FULL FEE PAYING STUDENT []
 AUSTRALIAN PERMANENT RESIDENT []
 AUSTRALIAN CITIZEN []
 AUSTRALIAN TEMPORARY RESIDENT []

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:

