



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 / 457)

[]

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: _____

