



International Student Application for Enrollment

Please use block letters throughout

Applicant's name (Last, First, Middle) _____

Family Name _____

Given Name _____

Country of Birth (e.g., Australia, India, USA) _____

Date of Birth (DD/MM/YYYY) _____

Gender (Male/Female) _____

Current Address _____

Country of Birth _____

Home Address (Street, City, State, Zip) _____

Home Phone Number (Country Code, Area Code, Number) _____

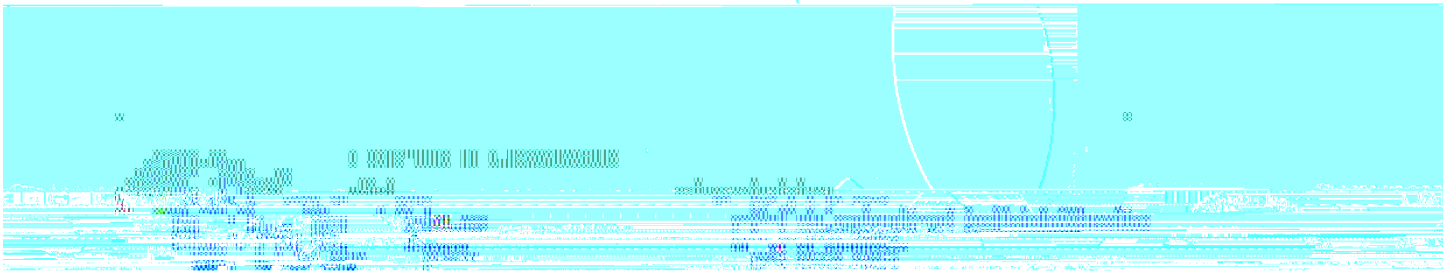
Mobile Phone Number (Country Code, Area Code, Number) _____

Passport Number _____

Visa Number (if applicable) _____

(If not born in Australia, please attach a copy of the student's passport, including visa)

Signature of Applicant _____





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Emergency Contact Details

Name		Address	
Phone No.		E-mail	
Relationship		Occupation	

International Students Only

Name	Address		Country
Age	Passport No.		Visa No.
Religion	Marital Status	Current Address	Home Address
Emergency Contact	Phone No.	E-mail	Address

Intensive English / Hindi / Computer Preparation Course

Name	Age	Year	Level	AEAS Score	Year	Country
Year of Application	Year of Arrival	Year of AEA	Score	Score	Year of Admission	Country

Parent/Guardian Details

Name	Address	Phone No.	E-mail
Relationship	Occupation	Current Address	Home Address
Emergency Contact	Phone No.	E-mail	Address



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Mother Guardian

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Please return completed Application for Enrollment and all requested documentation to

Address

Director
 Board of Education
 1000 East 10th Street
 Chicago, Illinois 60605
 Phone: (773) 554-3000
 Fax: (773) 554-3001
 Email: enrollment@oak.edu

DOCUMENT CHECKLIST FOR YOUR APPLICATION SUBMISSION
 Provide a copy of the following for your Application or Enrollment Application or