



# INTERNATIONAL STUDENT VARIATION OF WELFARE APPLICATION

Please print clearly in English and in **BLOCK** letters and tick boxes where appropriate.  
For any of the options selected below we require a **MINIMUM OF TWO WEEKS WRITTEN NOTICE**.

This form is to be completed and signed by a Parent/Legal Guardian when a student seeks approval for one of the reasons below. Section A is compulsory and must be completed.

**SECTION** (Please tick and complete the corresponding section):

- B: **TEMPORARY OVERNIGHT/TEMPORARY STAY**  
 C: **TRANSFER TO A NEW HOMESTAY**  
 D: **TRANSFER TO APPROVED STUDENT ACCOMMODATION PROVIDER**  
 E: **TRANSFER TO IMMIGRATION APPROVED GUARDIAN**  
 F: **RETURN HOME PRIOR TO COURSE COMPLETION**

## SECTION A: **STUDENT DETAILS** (This section is compulsory)

Title: Mr <input type="checkbox"/> Miss: <input type="checkbox"/> (Please tick)		
Given Name:		Family Name:
Preferred/English Name:		
Date of birth: (dd/mm/yyyy)	Age:	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/> (Please tick)
Australian Address:		
Suburb:		Postcode:
Email:		Australian Mobile:

## SECTION B: **TEMPORARY OVERNIGHT STAY**

To be completed when the student wishes to spend **any** nights away from their homestay whether it is in Australia or overseas. For example, if a student is returning home overseas for holidays, traveling interstate to visit friends/family or wants to stay overnight at a friend's house then they must complete this section.

If students are traveling with their homestay they must still complete this form. Please remember that you will be charged the weekly room holding fee if you are away longer than 7 consecutive days from your homestay.

**I will be staying** (Please tick):     In Western Australia                       Interstate                       Overseas

**Will you regularly be staying at this address?**     Yes                       No

For example, if you stay at your Aunty's house one night each week then we can make this a permanent arrangement so you do not need to submit a form each time.

Please complete the details below for your **temporary** accommodation:

Title: Mr <input type="checkbox"/> Mrs: <input type="checkbox"/> Miss: <input type="checkbox"/> (Please tick)	
Given Name of Responsible Adult Carer:	Family Name:
Preferred/English Name:	
Adult Carer's Relationship to student:	
Address (where student will be living):	
Hotel Name (if applicable):	
Suburb:	City:
Country:	
Home Phone Number: (Inc country code)	Mobile Number: (Inc country code)
Email:	
Date student will leave homestay: (dd/mm/yyyy)	
Date student will return to homestay: (dd/mm/yyyy)	
If traveling to the Airport, please indicate method of transport: Host: <input type="checkbox"/> Friends/Family: <input type="checkbox"/> Taxi/Uber: <input type="checkbox"/> Train/Bus: <input type="checkbox"/> ASCI arranged transport (\$140 ): <input type="checkbox"/>	
Have you notified your Host Family? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Have you attached your Flight Itinerary? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	

### SECTION C: TRANSFER TO A NEW HOMESTAY

If you are moving to a new ASCI host family then please complete the following details:

#### OLD HOST FAMILY DETAILS:

Host Family Name:		
Host Family Address:		
Suburb:	State:	Postcode:

#### NEW HOST FAMILY DETAILS:

Host Family Name:		
Host Family Address:		
Suburb:	State:	Postcode:

Reason for Transfer:
Proposed date student will move to new homestay: (dd/mm/yyyy)
Please indicate method of transport: Host: <input type="checkbox"/> Friends/Family: <input type="checkbox"/> Taxi/Uber: <input type="checkbox"/> Train/Bus: <input type="checkbox"/> ASCI arranged transport (\$140): <input type="checkbox"/>
Have you provided your host family with a minimum of 2 weeks' notice that you are moving out? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

 **SECTION D: TRANSFER TO APPROVED STUDENT ACCOMMODATION PROVIDER**

This option is only available for students who have turned 18 years old. Please choose one of our approved student accommodation providers from below:

Campus Perth     The Boulevard     St Thomas More     UniHall     St George's College

Proposed moving in date: \_\_\_\_\_

 **SECTION E: TRANSFER TO IMMIGRATION APPROVED GUARDIAN**

This option is only for students who will be residing with a guardian that has been approved by the Australian immigration department. ASCI is not involved in this approval. Please attach evidence of immigration approval and complete details below.

**IMMIGRATION APPROVED GUARDIAN DETAILS**

Title:	Given Name:	Family Name:
Home address:		
Suburb:	State:	Postcode:
Home Phone Number:		Mobile Number:
Email:		

 **SECTION F: RETURNING HOME PRIOR TO COURSE COMPLETION**

This option is for students who are permanently returning home prior to officially graduating from Yr 12.

Please state your reason for leaving early:
Do you intend on returning in the future to study in Australia at one of our Anglican schools? If so, when?
Address (you are returning to overseas):

Suburb:	City:
Country:	
Home Phone Number: (Inc country code)	Mobile Number: (Inc country code)
Email:	
Date student will leave Australia: (dd/mm/yyyy)	
If traveling to the Airport, please indicate method of transport: Host: <input type="checkbox"/> Friends/Family: <input type="checkbox"/> Taxi/Uber: <input type="checkbox"/> Train/Bus: <input type="checkbox"/> ASCI arranged transport (\$140): <input type="checkbox"/>	
Have you notified your Host Family? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Have you attached your Flight Itinerary? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

## SIGNATURE

Please note that the term 'Legal Guardian' refers to an adult legally appointed when no parent exists. The Homestay host is **not** a Legal Guardian but referred to as a local "Carer". This form needs to be signed by the Parent or Legal Guardian, NOT the Homestay Host.

***By signing this approval, I give permission for the above arrangements for my child and I am aware of the homestay student agreement, policies and procedures (which can be provided upon request).***

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED FORM TO: [studentservices@ascschools.edu.au](mailto:studentservices@ascschools.edu.au)**

OFFICE USE ONLY	
<input type="checkbox"/> SYNERGETIC updated	Date: Click or tap to enter a date. By: _____
<input type="checkbox"/> TEAMS updated	Date: Click or tap to enter a date. By: _____
<input type="checkbox"/> SCHOOL REGISTRAR advised	Date: Click or tap to enter a date. By: _____
<input type="checkbox"/> ACCOMMODATION advised	Date: Click or tap to enter a date. By: _____
<input type="checkbox"/> FINANCE advised	Date: Click or tap to enter a date. By: _____
<input type="checkbox"/> PARENTS / STUDENT / AGENT advised of Final Approval	Date: Click or tap to enter a date. By: _____