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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 or circle and complete the B: TEMPORARY OVERNIGHT STAY/H C: TRANSFER TO A NEW HOMESTAY D: TRANSFER TO APPROVED STUDEN E: TRANSFER TO IMMIGRATION APP F: RETURN HOME PRIOR TO COURSE	OLIDAY (LOCAL/IN NT ACCOMMODAT ROVED GUARDIAN	TERSTATE/C	•		
SECTION A: STUDENT DETAILS (This	section is compulsory)				
Title: Mr ☐ Miss: ☐ (Please tick)					
Given Name:	n Name:		Family Name:		
Preferred/English Name:					
Date of birth: (dd/mm/yyyy)	Age:		Gender: Male [☐ Female: ☐ (Please tick)	
Australian Address:				_	
Suburb:		Postcode:		_	
Email:	mail:		Australian Mobile:		
☐ SECTION B: TEMPORARY STAY (To be completed when the student wish or overseas. For example, if a student is friends/family or wants to stay overnigh If students are traveling with their home	nes to spend any ni s returning home o at at a friend's hous	ghts away for verseas for se then they	rom their home holidays, trave must complet	estay whether it is in Australia ling interstate to visit e this section.	
charged the weekly room holding fee if		•		•	
I will be staying (Please tick): ☐ In We	estern Australia		Interstate	☐ Overseas	
Will you regularly be staying at this add		□No			
For example, if you stay at your Aunty's arrangement so you do not need to sub			en we can mak	e this a permanent	

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

Title: Mr □ Mrs: □ Miss: □ (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)				
Please indicate method of transport to the temporary overnight stay or holiday: Host: Friends/Family: Taxi/Uber: Train/Bus: ASCI arranged transport (\$150 or \$190): Train/Bus: Train/Bus: Train/Bus: Train/Bus: Tra				
Transport details (Name & Contact #) if friend or family is transporting student:				
Have you notified your Host Family? Yes: □ No: □				
Have you attached your Flight Itinerary? Yes: □ No: □ Not Applicable: □				
SECTION C: TRANSFER TO A NEW HOMESTAY If you are moving to a new ASCI host family then please col	implete 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:			

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Reason for Transfer:					
Proposed date student will	I move to new homestay: (dd/m	 nm/yyyy)			
Please indicate method of t Host: Friends/Fami		Train/Bus: □	ASCI arranged transport (\$150 or \$190): \Box		
Have you provided your ho	Have you provided your host family with a minimum of 2 weeks' notice that you are moving out? Yes: ☐ No: ☐				
☐ 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 \Box St	Thomas More	UniHall		
Proposed moving in date:	·				
complete details below. IMMIGRATION APPROVED GUARDIA Title:		<u> </u>	Family Name:		
Home address:					
Suburb:	State:		Postcode:		
Home Phone Number:	- '		Mobile Number:		
Email:	Email:				
This option is for students			TION officially graduating from Yr 12.		
Please state your reason for	r 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):				

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Suburb/Country:	City:	
Country:		
Home Phone Number: (Inc country code)	Mobile Numb	er: (Inc country code)
Email:		
Date student will leave Australia: (dd/mm/yyyy)		
If traveling to the Airport, please indicate method of tran Host: ☐ Friends/Family: ☐ Taxi/Uber: ☐	•	ranged transport (\$140): \Box
	·	
Have you notified your Host Family? Yes: ☐ No: ☐		
Have you attached your Flight Itinerary? Yes: \square No:		
SIGNATURE		
SIGNATORE		
Please note that the term 'Legal Guardian' refers to		·
host is not a Legal Guardian but referred to as a loca	al "Carer". This form needs to I	be signed by the Parent or Legal
Guardian, NOT the Homestay Host.		
By signing this approval, I give permission for the a		
homestay student agreement, policies and procedu	ıres (which can be provided up	oon request).
Parent/Legal Guardian Name:		
Signature:		
Date:		
PLEASE RETURN YOUR COMPLETED FORM TO: stuc	lentservices@ascschools.edu.a	au
OFFICE USE ONLY		
☐ SYNERGETIC updated as applicable	Date: Click or tap to enter a date. E	Nv·
	Dutc. ones of tap to sites a case.	
☐ TEAMS updated (form saved)	Date: Click or tap to enter a date. I	Ву:
☐ SCHOOL REGISTRAR advised (change of address)	Date: Click or tap to enter a date. I	Ву:
□ ACCOMMODATION advised	Date: Click or tap to enter a date.	Ву:
☐ FINANCE advised	Date: Click or tap to enter a date.	Ву:
☐ PARENTS / STUDENT / AGENT advised of Final Approval	Date: Click or tap to enter a date.	D. c