



Queensland Independent College

Application Form – Queensland Independent College

Student Information	
Surname	
First Names	
Date of Birth	
Gender	
Proposed Date of Entry	
Entry Year Level	
Student's Current Year Level	
Is the Student of Aboriginal or Torres Strait Islander Origin?	
Residential Status	
Does the Student Speak a Language other than English at Home?	

Sibling Connections	
Is the applicant a sibling of a currently enrolled or previously enrolled student at Queensland Independent College? If so, who?	



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Previous Schooling			
Current Child Care Centre		Years Attended	
Current School		Years Attended	
Reason for Transfer			

Parent / Legal Guardian (A)		Parent / Legal Guardian (B)	
Relationship to Student		Relationship to Student	
Title		Title	
First Name		First Name	
Surname		Surname	
Does the Applicant Reside with you?		Does the Applicant Reside with you?	
Marital Status		Marital Status	
Address		Address	
Email		Email	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Occupation		Occupation	
Employer's Business Name		Employer's Business Name	
Business Phone		Business Phone	
Country of Birth		Country of Birth	