

TOURIST VISA ATTENDANCE REQUEST FORM

1. Applicant's Details

Applicant's First Name		Applicant's Family Name	
Parent's First Name		Parent's Family Name	
First Name of Person who applicant will live with		Family Name of Person who applicant will live with	
Relationship to Applicant	<input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent	Date of Birth of Applicant	
Is the applicant or either of the applicant's biological or adoptive parents a permanent resident or an Australian citizen? No <input type="checkbox"/> Yes <input type="checkbox"/> 'yes' provide details: _____			
Residential Address			
Telephone Number		Mobile Number	
Email Address		Commencement Date/...../.....
School Requested		Finish Date/...../.....

Students under 16 years of age must reside with a close family relative, as defined by Division 1.2 of Migration Regulations. These regulations define a close family relative as, a parent or step-parent, an aunt or an uncle or a Grandparent or step-Grandparent **Close family relatives are required to produce documentation which proves their relationship to the child.** EQI retains the right to reject applications for which appropriate documentation is not provided.

2. School Principal's Agreement

I _____ advise that the above child may attend _____
(Name of Principal) *(School Name)*

Fax: _____ Tel: _____ in Year/Grade _____ for the above dates if accepted by Education Queensland International.

Signature

Date

APPLICANT AND CARER TO BE AT SCHOOL AT THE FOLLOWING DATE/TIME FOR ENROLMENT INTERVIEW:

TIME: _____

DATE: ____ / ____ / ____

* If travelling on an eVisa, student to bring the following documentary evidence to Queensland

I have attached a copy of the applicant's

If travelling with a relative, attach a copy of the relative's

- Passport title page
- Visa
- Arrival stamp

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- Visa
- Arrival stamp

3. Declaration

I have read and understood the "Tourist Visa Attendance Guidelines for Parents" and confirm that the carer named above will supervise and be totally responsible for the conduct and behaviour of my son/daughter while he/she attends a Queensland government school and will take all decisions for his/her welfare and safety.

I also declare that the information I have provided on this form is complete and correct.

Parent Name: Parent Signature: Date:

Carer Name: Carer signature: Date:

Completed form to be returned to relevant EQI Office –

EQI - Floor 18, Education House, 30 Mary Street, Brisbane	Gold Coast – Level 2 Delfin House, Varsity Parade, Varsity Lakes
Brisbane – Ground Floor, Education House, 30 Mary Street, Brisbane	Sunshine Coast – Mountain Creek SHS, Lady Musgrave Drive, Mountain Creek

