

SECTION A: Student Details

Family Name		Student Number	
Given Name			
Address			
Email		Date of Birth	___/___/___
Primary Phone		Visa Expiry Date	___/___/___

SECTION B: Course Details

Course Name			
Course Code		Start Date	___/___/___

Intended commencement intake date. Refer to closing dates for each term and course availability in the handbook before selecting.

Start Date

Have you ever been excluded from ELSIS? YES NO

Please state your reasons for seeking readmission.

SECTION C: Notes

- 1) A student who is under exclusion from a course may not apply for readmission to that course during the period of exclusion. At the completion of the period of exclusion, a student is eligible to apply for readmission to that course, under conditions determined by the College. A student who has been excluded, should include in their statement reasons why they now believe they should be readmitted. A student who has been expelled from ELSIS may not apply for readmission.
- 2) Successful applicants will be readmitted to their previous course, unless the course has been restructured, in which case the College will recommend the most appropriate course of entry.

SECTION D: Declaration

(You must sign this declaration otherwise your application will be returned to you)

I agree to obey the by-laws and rules of ELSIS. I declare that to the best of my knowledge the information supplied herein is correct and complete. I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of enrolment at any stage. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and hereby authorise the College to obtain further information where necessary. (Students are required to note that the College reserves the right to collect, store and disclose information concerning any acts of record falsification or other irregular acts in relation to a student.) I hereby also give written consent to the College to provide details of my enrolment to DEEWR or other government agencies.

SECTION E: Checklist

- Completed ALL sections of Application Form Signed the Declaration

Student Signature		Date	___/___/___
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Submit your application

POSTAL ADDRESS

The English Language School in
Sydney
Level 1, 160 Sussex St
Sydney 2000
New South Wales
AUSTRALIA

STREET ADDRESS

The English Language School in
Sydney
Level 1, 160 Sussex St
Sydney 2000
New South Wales
AUSTRALIA

EMAIL

info@elsis.edu.au

Admissions/College DECISION

Application approved (please tick). Conditions of offer (if any) _____

Application Refused (please tick). Reason(s) (included in letter) _____

Signature of assessor _____ Date ___/___/___