



STUDENT'S CONTACT DETAILS FORM

DATE:/...../.....

This form is to be completed when enrolling, or when your personal or contact details change.

The information you provide is used to update your student file and academic record.

BOTH PAGES AND ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED WHERE INDICATED (if a section is not applicable to you please write N/A in that section).

Some changes e.g. change of marital status or name, will require supporting documentary evidence.

PLEASE HAND IN THE COMPLETED FORM AT ENROLMENT

OR EMAIL admissions@koi.edu.au DURING THE TRIMESTER.

Agent:

KOI APPLICANT ID No. <small>(located on your letter of offer)</small>	KOI STUDENT ID No.	Title	Mrs	Miss	Ms	
<input type="text"/>	<input type="text"/>		Mr	Other	
Family Name: <small>(As shown on Passport)</small>						
Given Name(s):						
Date of Birth:/...../..... <small>dd mm yyyy</small>	Gender: M F					
Australian Address: <small>Unit No Street No Street Name</small>						
Suburb:	Postcode:	<input type="text"/>	Mobile Phone:	<input type="text"/>		
E-mail: <input type="text"/>						
Citizenship:	Australian	New Zealand	Other			
Country of Birth:						
Passport No.:						
Visa Type	Student	Visa Sub-class:	570	572	573	Other
	Other		457	485	Other	
Visa Expiry Date:/...../.....						

Are you currently in discussions with the Migration Review Tribunal (MRT)?	
YES	If yes, please provide details:
NO Signature

OVERSEAS STUDENT HEALTH COVER (OHSC) <small>(Your personal details may be submitted to KOI OSHC provider for the purpose of membership registration and updates on the service they provide.)</small>	
OHSC Provider:	Expiry Date:/...../.....
Membership number:	

Please complete and sign page 2 of this form. Please complete and sign page 2 of this form.



Are you aware of any illness/condition that may affect your studies (including pregnancy)?

Yes *(If yes, please explain including what assistance you may need for your study)*

No

EMERGENCY CONTACT DETAILS (IN AUSTRALIA)

Family Name: _____ Given Name(s): _____

Address: _____ Phone:

E-mail:

Relationship to you: _____ Language/s Spoken: _____

EMERGENCY CONTACT DETAILS (OVERSEAS)

Family Name: _____ Given Name(s): _____

Address: _____ Phone:

E-mail:

Relationship to you: _____ Language/s Spoken: _____

STUDENT DECLARATION (International Students)

- I understand the conditions of my Visa (Student Visa or other Visa);
- I authorise KOI to access the Department of Immigration and Border Protection's (DIBP's) Visa Entitlement Verification Online System (VEVO) to obtain information on my visa status;
- I agree to inform KOI within 7 working days if any of my contact details change as per my student visa requirement 8533. Refer to www.immi.gov.au for more information.

STUDENT DECLARATION (All Students)

- I confirm that I understand that KOI will communicate with me via **my student email ONLY** and I agree to check my student email regularly. I also understand that KOI will send letters to my current Australian address as advised by me;
- I understand it is my responsibility to ensure that my enrolment is correct;
- I understand it is my responsibility to advise KOI of any changes to my personal and/or contact information;
- I declare I have read and agree to accept the terms and conditions of the Letter of *Offer and Written Agreement*, including the *Refund Policy* and the *Privacy Statement* and I accept the offer made to me by KOI;
- I declare that the information provided by me in this form is correct and complete.

Student's Signature..... Date/...../.....

OFFICIAL USE ONLY			
LAST UPDATED: (please update at every enrolment) - <i>KOI Staff Only</i>			
Trimester Updated	Date Updated	Updated by (Print Name)	Comments