

# Application for Deferral of Enrolment

## For students who have commenced study

### International Student Program in Victorian Government Schools

To apply for a Deferral of Enrolment please complete this form and return it to the International Education Division.

Department of Education and Training  
International Education Division  
GPO Box 4367  
Melbourne VIC 3001 Australia

Tel: +61 3 9637 2990  
Fax: +61 3 9637 2184  
Email: [international@edumail.vic.gov.au](mailto:international@edumail.vic.gov.au)  
Web: [www.study.vic.gov.au](http://www.study.vic.gov.au)



#### How to complete this form

- Please note that deferral of studies is for a maximum of six months and must be applied within 30 days of the commencement of deferral. If application for deferral is not received within 30 days of the first date of absence, student will be withdrawn.
- This form must be completed by a parent/legal guardian or student 18 years and over.
- Please complete all sections of this form.
- Completion of this form does not constitute a deferral of enrolment until a decision is confirmed by the International Education Division.
- Please use ONLY black or blue ink.
- Please complete this form in English only.
- Please scan your completed form, **along with supporting documents**, and email to: [international@edumail.vic.gov.au](mailto:international@edumail.vic.gov.au)

#### Section A - Student Details

Family name:	Given name:
Student ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Period of Deferral (maximum of six months)	
Start date of deferral:    /    / 20__	End date of deferral:    /    / 20__
Please note that any deferral of enrolment may impact on your student visa. Please contact the Department of Home Affairs for further information.	

#### Section B - Reason for Deferral

Reason for deferral (Please Tick):	
<input type="checkbox"/> <b>Serious illness or injury of a family member requiring student to return home or a delayed return to Australia</b> (Copy of medical certificate required. Translated into English)	<input type="checkbox"/> <b>Serious illness or injury of student</b> (Copy of medical certificate required. Translated into English)
<input type="checkbox"/> <b>Other - please specify:</b> (Please provide supporting evidence. Translated into English)	<input type="checkbox"/> <b>Death of a family member</b> (Copy of relevant documentation required. Translated into English)

#### Parent/Legal Guardian:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT/AGENT: YOU MUST SUBMIT THIS FORM TO THE HOST SCHOOL FOR SIGNATURE**

**Please turn over and complete page 2 of this form**

## Section C - Checklist

Before submitting this form to IED please ensure all required fields have been completed and all requested evidence attached:

### Principal Checklist:

- 1. Deferral Dates completed in Section A
- 2. Required medical certificate / evidence is attached
- 3. School confirms form has been signed by Parent / Legal Guardian

### School Principal:

I \_\_\_\_\_, Principal of \_\_\_\_\_ acknowledge that the above student has requested a deferral of enrolment and all required evidence is attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_