

CRICOS Provider Code: 03255G | National Provider Number: 52007 | A.B.N. 65-131-433-433

APSI - Student Extended Family Form

Please include details of all family members listed whether or not they intend to enter Australia.

Definitions can be found at the Department of Immigration and Border Protection website at: https://www.border.gov.au/Trav/Brin/Defi

Close Relatives – Partner/Spouse, Child, Parent, Brother, Sister, Stepchild, Step-parent, stepbrother or stepsister								
	Name	Age	Country and City of Residence e.g. Australia, Perth		y be included in application? OR No	What is their current visa? e.g. Student visa (subclass 500)		
Applicant Name				☐ Yes	□No			
Partner/Spouse				☐ Yes	□No			
Name								
Applicant's				☐ Yes	□ No			
Parents (Include Father, Mother and any				☐ Yes	□ No			
				☐ Yes	□No			
Step-Parents)				☐ Yes	□ No			
Applicant's				☐ Yes	□No			
Children (Include				☐ Yes	□No			
Stepchildren)				☐ Yes	□No			
				☐ Yes	□No			
				☐ Yes	□No			
Applicant's				☐ Yes	□No			
Brothers and Sisters				☐ Yes	□No			
(Include half and				☐ Yes	□ No			
step brothers and sisters)				☐ Yes	□No			
				☐ Yes	□ No			
				☐ Yes	□No			



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	Name	Age	Country and City of Residence e.g. Australia, Perth	Will they be included in this visa application? e.g. Yes OR No	What is their current visa? e.g. Student visa (subclass 500)
Other relatives				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
Applicant Name: _					
Signature:					
Date:					