



**ST SCHOLASTICA'S COLLEGE INTERNATIONAL STUDENT APPLICATION FORM**

**PROPOSED ENTRY**

YEAR OF ENTRY:  FOR YEAR LEVEL:  TO START:

DO YOU REQUIRE BOARDING?

**APPLICANT DETAILS**

FAMILY NAME:  DATE OF BIRTH:   
GIVEN NAMES:  PREFERRED NAME:   
RELIGION:

**HOME COUNTRY ADDRESS**

NAME FOR CORRESPONDENCE:   
E.g. Mr. and Mrs.....  
ADDRESS:

**EDUCATION DETAILS**

LAST SCHOOL ATTENDED:   
ADDRESS:   
  
  
HIGHEST ACADEMIC LEVEL COMPLETED:   
YEAR COMPLETED:

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**VISA DETAILS**

NATIONALITY ON PASSPORT:  COUNTRY OF BIRTH:

PASSPORT NUMBER:  EXPIRY DATE:

DO YOU HAVE A CURRENT AUSTRALIAN VISA?   
(If YES please include a copy)

**LODGEMENT OF VISA APPLICATION**

At which Australian Diplomatic Mission will you lodge the student visa application?

CITY:  COUNTRY:

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**MEDICAL DETAILS**

Has the student previously been diagnosed with any medical condition that a medical practitioner should be made aware of if treatment is required?

If YES, please provide details:

DO YOU HAVE OSHC?  YES/NO IF YES: Fund Name:

Membership Number:  Expiry Date:

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**PARENT DETAILS**

**FATHER**

FAMILY NAME:  GIVEN NAME:

TELEPHONE:  MOBILE PHONE:

Email:

**MOTHER**

FAMILY NAME:  GIVEN NAME:

TELEPHONE:  MOBILE PHONE:

Email:



**WELFARE AND ACCOMMODATION ARRANGEMENTS**

Please fill in **Form A** (available on our website) in the student is living with a parent/s.

**SECTION A**

Parents must nominate a guardian who is a relative, living in NSW, and who will act for them in matters relating to the welfare and progress of their child.

NAME OF GUARDIAN: Mr/Mrs/Ms

RELATIONSHIP TO STUDENT:

ADDRESS:

TELEPHONE: (HOME)  (WORK)

MOBILE:

Email:

**SECTION B**

If there is no suitable relative, then the parents must nominate a carer who is approved by the College. You must have completed **Form B** (available on our website).

If, at any time, the student will not be living with their guardian/carers, FORM C must be completed.

Students over the age of 18 must supply a residential address in Sydney.

ADDRESS:

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**Preferred Mailing Address for Correspondence relating to the application: (Please tick)**

Parents

Guardian

Agent

# ST. SCHOLASTICA'S COLLEGE

ABN 20 003 866 859



Day and Boarding College  
4 Avenue Road, Glebe NSW 2037  
Day School: 9660 2622  
Boarding School: 9660 0342  
Facsimile: 9660 7939  
www.scholastica.nsw.edu.au

## Declaration

All students and parent(s)/legal guardian (if student is under 18 years of age) must read and sign this written agreement. A legal guardian is not the nominated carer or agent.

I/we confirm I/we have received and understood information from the college regarding the following:  
[http://www.scholastica.nsw.edu.au/html/international\\_students\\_overview.html](http://www.scholastica.nsw.edu.au/html/international_students_overview.html)

- the course(s) in which I am to be enrolled
- conditions on enrolment in the course(s)
- all course and course-related fees
- St Scholastica's College's Refund Policy
- the sharing of personal information
- change of address obligations
- grounds on which enrolment may be deferred, suspended or cancelled.

I hereby declare that the information supplied by me is true and correct.

I agree to pay all fees owing and by the due date.

I have read, understood and agree to be bound by the above conditions of enrolment.

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_  
Student

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Legal Guardian

### **Credit Card Details for payment of Application Fee (if applicable)**

Student Name: \_\_\_\_\_ Card number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: A\$ \_\_\_\_\_ Card Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Provider: St Scholastica's Glebe - NSW [03337F]**