ST SCHOLASTICA’S COLLEGE INTERNATIONAL STUDENT APPLICATION FORM

PROPOSED ENTRY

YEAR OF ENTRY: [ ] FOR YEAR LEVEL: [ ] TO START: Term: 1 2 3 4

DO YOU REQUIRE BOARDING? [ ] NO \ YES

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: [ ]
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: ____________________________

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? ____________________________ IF YES: Fund Name: ____________________________

Membership Number: ____________________________ Expiry Date: ____________________________

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/carer, FORM C must be completed.

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

ADDRESS:

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

☐ Parents  ☐ Guardian  ☐ Agent
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:

- 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]