ST SCHOLASTICA'S COLLEGE
INTERNATIONAL STUDENT
APPLICATION FORM

PROPOSED ENTRY

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

DO YOU REQUIRE BOARDING?: [ ]

APPLICANT DETAILS

FAMILY NAME: [ ] DATE OF BIRTH: [ ]

GIVEN NAMES: [ ] PREFERRED NAME: [ ]

RELIGION: [ ]

HOME COUNTRY ADDRESS

NAME FOR CORRESPONDENCE: [ ]
Eg. 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)

LODGERMENT 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? [YES/NO] 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

For students under 18 years of age, complete Section A or Section B.

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 A and FORM B.

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: Catholic Education Commission - NSW [01369C]
OBLIGATIONS OF CARER FOR INTERNATIONAL STUDENTS

Eligibility
The person accepting the role of carer is required to:

- be able to speak and understand English
- undergo and satisfy a police integrity check
- be over 21 years of age.
- reside in Sydney for the duration of the student’s visa
- provide documentary evidence from the parent of the student of his/her guardianship
  See “Appointment of Carer” attached
- provide a letter to the College of his/her acceptance as carer to the nominated student
  See “Letter of Acceptance” attached.

General Responsibilities
The responsibilities of the carer involve:

- providing supervised accommodation for the student, preferably with the carer. If the student is
  not living with the carer, accommodation arrangements must be approved by the College.
- regular contact with both the student and her parents
- acting on the parent’s behalf in dealings with the College
- being readily available to discuss matters of concern
- informing the College of an appropriate carer’s proxy when the carer is unavailable for any
  reason.
- attending the College functions and events that concern the student eg. information briefings,
  parent/teacher interviews
- being readily available to support the student when needed eg. With health matters, medical
  emergencies, travel and accommodation arrangements during vacations
- showing an interest in and monitoring the academic progress of the student
- notifying the College of student absences

A student’s place at the College is dependent on compliance with these terms and conditions.

Please retain this copy for your records.
APPOINTMENT OF CARER
(To accompany the Application for Enrolment)

A carer must be at least 21 years of age and of good character. To establish good character, evidence of police clearance in the country or countries of residence for more than 12 months in the past 10 years after the age of 16 must be supplied.

I/We _____________________________________________________________________________

Names of Parent(s)

of ______________________________________________________________________________

Address of Parent(s)

__________________________________________________________________________________

Appoint (Mr, Mrs, Ms) __________________________________________________________________

Name of Carer

of ______________________________________________________________________________

Address of Carer

__________________________________________________________________________________

Telephone: (AH) __________________________ (BH) ________________________________

(M) _____________________________________________________________________________

in the role of carer for my/our daughter:

_________________________________________________________________________________

Student's Name

Further, I give the named appointee the authority to act on my behalf concerning the welfare, discipline, and academic progress of my daughter who will be studying at St Scholastica’s College.

I understand that our daughter’s continued enrolment is dependent on the appointed carer meeting regularly with staff as outlined in Obligations of Carer.

I agree to inform the College immediately if there is a change of carer, and will submit full details of the new carer.

Any change of carer must be approved by the Principal and a new carer form completed.

Signed: Father's signature ____________________________ Date: ___/___/20___

Mother's signature ____________________________ Date: ___/___/20___
LETTER OF ACCEPTANCE OF ROLE OF CARER  
(To accompany the Application for Enrolment)

A carer must be at least 21 years of age and of good character. To establish good character, evidence of police clearance in the country or countries of residence for more than 12 months in the past 10 years after the age of 16 must be supplied.

I, (Mr, Mrs, Ms) ____________________________________________ (Name of Carer) Please print of ____________________________________________________________________________

________________________________________________________ (Address of Carer) Please print

Telephone (AH) __________________________ (B) __________________________

(M) __________________________

agree and accept the role of carer as detailed in the Obligations of Carer Document to __________________________________________________________________________________________

_________________________________________ (Student’s Name) Please print

whose parents have given me the authority to act on their behalf.

Further, I agree to carry out the duties of carer as stipulated in the terms and conditions of carer of the College as outlined.

Signed : ___________________________________________ Date: _____ / _____ / _____

Signature of Carer

Relationship of carer to student: ____________________________________________
ACCOMMODATION ARRANGEMENTS FOR A STUDENT NOT LIVING WITH THEIR CARER

Where a student is living with a person other than their nominated carer and not residing in the Boarding College, accommodation arrangements must be approved by the College.

The student must be under the supervision of an adult (living at the same address as the student) who is at least 21 years of age and who is of good character. To establish good character, evidence of police clearance in the county or countries of residence for more than 12 months in the past 10 years after the age of 16 must be supplied.

Name of Student: ____________________________

Name of Adult Supervisor: Mr/Mrs/Ms__________________________

Address: ____________________________________________________

__________________________________________________________

Telephone: (Home) ____________________ (Work) ____________________

(Mobile): ________________________________

I, _______________________________________, the nominated carer of the abovenamed student, have arranged this accommodation with the approval of the student’s parents.

Signed: _________________________________ Date: __/__/____

No change in accommodation arrangements may be made without the prior approval of the College. Failure to comply may result in the automatic cancellation of a student’s visa.
TO BE COMPLETED IF STUDENT WILL LIVE WITH A PARENT

ST. SCHOLASTICA’S COLLEGE
4 AVENUE ROAD
GLEBE N.S.W. 2037

DAY SCHOOL: (02) 9660 2622
BOARDING SCHOOL: (02) 9660 0342
FACSIMILE: (02) 9660 7939

DECLARATION BY PARENTS
(To accompany the Application for Enrolment)

I/We ____________________________  ____________________________

Names of Parent(s)

of ____________________________  ____________________________

Address in home country

__________________________  ____________________________

__________________________  ____________________________

declare that my daughter __________________________________________

will reside with me/us at __________________________________________

__________________________  ____________________________

Address in Sydney

__________________________  ____________________________

Phone: Home: ____________________________  Business: ____________________________

Mobile: ____________________________

while she is studying at St Scholastica’s College.

I agree to inform the College immediately if there is any change in arrangements.

Appointment of a carer must be approved by the Principal and an Appointment of Carer form completed.

Signed: ____________________________  ____________________________

Father’s signature  Mother’s signature

Date: _______ / _______ /20____