



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

Please  
attach  
photograph

CRICOS Provider Name: St Scholastica's Glebe  
CRICOS Provider Number: 03337F

Day and Boarding College  
4 Avenue Road, Glebe NSW 2037  
Day School: 612 9660 2622  
Boarding School: 612 9660 0342  
Facsimile: 612 9660 7939  
[www.scholastica.nsw.edu.au](http://www.scholastica.nsw.edu.au)  
ABN 20 003 866 859

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:



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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:



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WELFARE AND ACCOMMODATION ARRANGEMENTS

Please fill in **FORM A** 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**.

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



## 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]**