



**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
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:



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? 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/carers, 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:
www.scholastica.nsw.edu.au/html/international_students_international_student_fees.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]