

<i>Intensive English language required?</i>
<i>Year level for entry to academic program?</i>
<i>Date of entry to academic program?</i>
<i>Intended completion date for graduation from St Francis de Sales College?</i>

PLEASE ATTACH  
PHOTO HERE

### STUDENT INFORMATION

Given names	Preferred name		
Family name			
Date of birth    /    /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Passport number	Passport Expiry Date    /    /		
Languages spoken at home in order of frequency			
<b>Student's Residential Address (Home Country)</b>			
House / Building Number & Street			
Town / Suburb / District		City	
Province / State	Country	Postcode	
<b>Student's Postal Address (Home Country, if different from above)</b>			
House / Building Number & Street			
Town / Suburb / District		City	
Province / State	Country	Postcode	

### ACCOMODATION

*St Francis de Sales College accepts unaccompanied students under 18 years of age. While studying at the College, who will the student live with?*

<input type="checkbox"/> St Francis de Sales Home Stay			
OR			
<input type="checkbox"/> DIBP Approved Relative			
Name of DIBP Approved Relative		Relationship	
Address		Postcode	
Email		Phone	
Postal address (if different from above)		Postcode	

### OVERSEAS APPLICANTS AND NEW ARRIVALS

Overseas applicants or applicants from families recently arrived in Australia are required to complete the following

Does the student require a visa for entry to Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of visa?	<input type="checkbox"/> Permanent resident <input type="checkbox"/> Temporary resident <input type="checkbox"/> Exchange student <input type="checkbox"/> Full fee paying overseas student
Do you have an agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agents name	Agents phone
Do you have an Australian guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardians name	Guardians phone

### FAMILY INFORMATION

PARENT 1	PARENT 2
Title:	Title:
Family Name:	Family Name:
Given Names:	Given Names:
English Speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No	English Speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:	Nationality:
Native Language:	Native Language:
Citizenship:	Citizenship:
Relationship to student:	Relationship to student:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Mobile Phone:	Mobile Phone:
Email (required):	Email (required):
Postal Address:	Postal Address:
Postcode	Postcode
Residential Address:	Residential Address:
Postcode	Postcode
Employer/Business Name:	Employer/Business Name:
Occupation:	Occupation:
Business Address:	Business Address:
Postcode	Postcode

Please tick if there is a Court Order or agreement regarding other persons' contact with, or responsibility for the situation (please provide a copy of documentation)

If this person is different from the name on this application, please complete the following information.

Address:	
Telephone:	Email:

### EMERGENCY CONTACT DETAILS

Name:	Relationship to Student
Home Phone	Mobile Phone
Email	Country

### MIGRATION OR EDUCATION AGENT DETAILS

Agency Name:	Counsellor Name:
Address:	
City:	Country: <span style="float: right;">Postcode</span>
Email Address:	Phone Number:

### PREVIOUS STUDIES

Name and address of the Student's current school

Student's current grade/year level at school

Name and contact details of the Principal at the Student's current school

### ENGLISH PROFICIENCY

Please tick and attach documentary evidence where applicable

English is my first language  Yes  No

Have you studied English previously  Yes  No

If Yes, for how long have you studied      Years      Months

Have you taken an AEAS or IELTS or other approved English competency test?  Yes  No

Test Name

Score

Test Date    /    /

### FOR STUDENTS CURRENTLY STUDYING IN AUSTRALIA

Which state in Australia are you currently studying in

School Name in Australia

Phone

Date you commenced studies    /    /

What is your current year level in Australia

What is your visa subclass.

When does your visa expire    /    /

### SPECIAL NEEDS OR CONSIDERATIONS

Does the student have a known condition or need that may affect your studies or require special management?  Yes  No

If yes, please specify?  Hearing  Vision  Mobility  Medical  Learning  Emotional  Cultural

Other (please specify)

Does the Student have any disabilities, mental health or medical conditions?  Yes  No  
**(If yes please specify and attach any supporting medical documentation)**

To your knowledge, is there anything in the Students history or circumstances (including medical history) which might pose a potential risk to the Student or other students or staff at the college?

**(If yes please provide a brief description of the potential risks and attach any supporting medical documentation)**

Has the Student any past history of violent or aggressive behavior or been in possession of a weapon or any item that may cause injury?  
**(If yes, please provide details)**

Has the Student taken illegal drugs?  
**(If yes, please provide details)**

**Please note that failure to disclose pre-existing conditions may result in cancellation of enrolment at St Francis de Sales College**

### APPLICATION CHECKLIST

**Check that you have:**

- Completed and signed all sections of the Application Form
- Provided all required attachments
- Read and understood the Conditions of Enrolment, the Fee Schedule and Fee Refund Policy

**Attachments:**

- Certified / notarised copies of your school reports or transcripts for at least the past two years
- English language competency test results
- Appropriate proof of identity and age
- Statement / reference from your current school
- Copy of you passport photo ID page
- Colour photograph (less than three (3) months old)
- English translations of all key documents

**A certified copy is signed by an authorized officer to acknowledge that it matches the original document exactly.**

Authorised officers include:

- A member of St Francis de Sales College staff
- Staff of the institution that issued the document
- A Justice of the Peace of notary
- Staff of the Australian Embassy, High Commission or Consulate

### DECLARATION & AGREEMENT

The information supplied on this Application Form will be used by St Francis de Sales College in the enrolment process.

I acknowledge that I have read the Terms and Conditions of Enrolment and the current Fee Schedule and that they may be subject to variation without prior notice.

I declare that the information I have supplied on the Application Form is to the best of my knowledge, complete and correct.

I understand that providing false or incomplete information may result in refusal of the Application or cancellation of the student's enrolment.

Full Name of Student

Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date / /

**(If this student is under 18 years of age, this form MUST be signed by a Parent or Legal Guardian)**

Student Signature

Date / /

*Must be the same as the signature in your passport*