

## St Leonard's College An education for life.

# International/Offshore Student Application Form

This form should be completed by all students (regardless of their residency status) where:

- English is not their first language; and/or,
- The language of instruction at their current school has not been exclusively English during the three years prior to applying; and/or,
- They have not been educated in Australia for at least the last three years; and/or,
- They are applying from outside of Australia.

All applicants should read the Terms of Business.

Applicants applying as an International Student (visa subclass 500) should also read the International Student Applications Process and Policies.

A separate application form should be completed for each student.

Please complete all sections of this form using block letters and in English.

#### Please include:

- 1. A photocopy of the student's birth certificate, passport, visa and/or certificate of citizenship.
- 2. A photocopy of the parents/guardians passport.
- 3. Certified and translated copies of the student's two most recent school reports.
- 4. Copies of any additional education-related testing undertaken and any other information that will support the student's application.
- 5. Guardians completing this form should provide evidence of their authority to act as a guardian.
- 6. An application fee of AUD \$300 is payable at the time of application.

Please forward to:	The International Admissions Manager
	St Leonard's College
	163 South Road Brighton East VIC 3187
	AUSTRALIA
	Email: enrolment@stleonards.vic.edu.au

### **Section 1: Student Details**

Family name:       Given name(s):	Application to enter year level: in 20		🗆 Term 1 🗆 Term 2 🗆 Term 3 🗆 Term 4			
Home address of student (suburb, district, postcode and country):	Family name:		Given name(s):			
Date of birth:	Preferred name:		Gender:	□ Female	□ Male	
Under which visa category will the student be coming to Australia to study?         International Student       Australian Citizen       Permanent Resident       Temporary Resident         Visa subclass 500       Passport number and place of issuance:       Expiry date:	Home address of student (suburb, district, p					
International Student       Australian Citizen       Permanent Resident       Temporary Resident         Visa stockas 500       Passport number and place of issuance:       Expiry date:	Date of birth: / / Country of dd yyyy	of birth:	N	lationality:		
(Visa subclass 500)         Passport number and place of issuance:	Under which visa category will the student	be coming to Australia	to study?			
Visa Class/Subclass and Number:		lian Citizen 🛛 🛛 Per	rmanent Resident	t 🛛 Tempo	rary Resident	
Current school:	Passport number and place of issuance:			Expiry date:		
Language(s) of instruction at current school:	Visa Class/Subclass and Number:			Expiry date:		
Length of study at current school:      months         Language(s) spoken at home:	Current school:			Current year le	vel:	
Language(s) spoken at home:	Language(s) of instruction at current schoo	bl:				
AEAS assessment attached       I Yes       No       Scheduled date of AEAS testing	Length of study at current school:	months				
Testing venue:	Language(s) spoken at home:					
Does your child have a medical or other condition, which may impact upon their learning?         English as an additional language       Support for literacy       Support for numeracy           Yes   No         Yes   No         Yes   No         Individual integration support       Special physical facilities       Medical condition           Yes   No         Yes   No         Yes   No         Please provide details of any education-related testing undertaken, special needs, learning issues, medical conditions or circumstances of which the College should be made aware.         Section 2: Parent/Guardian Details         Parent/guardian 1 contact details       Parent/guardian 2 contact details         Title: (Mr/Mrs/Dr/other):       Title: (Mr/Mrs/Dr/other):         Family name:	AEAS assessment attached	s □ No S	Scheduled date o	f AEAS testing	//	
English as an additional language       Support for literacy       Support for numeracy         Yes       No       Yes       No         Individual integration support       Special physical facilities       Medical condition         Yes       No       Yes       No         Yes       No       Yes       No         Please provide details of any education-related testing undertaken, special needs, learning issues, medical conditions or circumstances of which the College should be made aware.         Section 2: Parent/Guardian Details       Parent/guardian 2 contact details         Parent/guardian 1 contact details       Parent/guardian 2 contact details         Title: (Mr/Mrs/Dr/other):       Title: (Mr/Mrs/Dr/other):         Family name:       Given name:         Date of birth:      //	Testing venue:				dd mm yyyy	
Individual integration support Special physical facilities Medical condition   Yes No Yes No   Please provide details of any education-related testing undertaken, special needs, learning issues, medical conditions or circumstances of which the College should be made aware.   Section 2: Parent/Guardian Details   Parent/guardian 1 contact details   Title: (Mr/Mrs/Dr/other):   Family name:   Given name:   Date of birth:     dd 'mm' yyyy   Relationship to child:   Home address:   Mobile phone:					neracy	
Yes No   Yes No   Please provide details of any education-related testing undertaken, special needs, learning issues, medical conditions or circumstances of which the College should be made aware.   Section 2: Parent/Guardian Details   Parent/guardian 1 contact details   Parent/guardian 1 contact details   Title: (Mr/Mrs/Dr/other):   Family name:   Given name:   Date of birth:   dd   mm   yyyy   Relationship to child:   Home address:   Mobile phone:	Yes No	□ Yes □ No		Yes	No	
Yes No   Yes No   Please provide details of any education-related testing undertaken, special needs, learning issues, medical conditions or circumstances of which the College should be made aware.   Section 2: Parent/Guardian Details   Parent/guardian 1 contact details   Parent/guardian 1 contact details   Title: (Mr/Mrs/Dr/other):   Family name:   Given name:   Date of birth:   dd   mm   yyyy   Relationship to child:   Home address:   Mobile phone:	Individual integration support	Special physical fac	ilities	Medical conditi	on	
circumstances of which the College should be made aware.  Section 2: Parent/Guardian Details Parent/guardian 1 contact details Title: (Mr/Mrs/Dr/other): Family name: Family name: Family name: Family name: Given name: Given name: Date of birth: / / Date of birth: / / Date of birth: / Mobile phone: Mobi	Yes No	□ Yes □ No		□ Yes □	No	
Parent/guardian 1 contact details       Parent/guardian 2 contact details         Title: (Mr/Mrs/Dr/other):       Title: (Mr/Mrs/Dr/other):         Family name:       Family name:         Given name:       Given name:         Date of birth:      /			n, special needs, le	earning issues, m	edical conditions or	
Title: (Mr/Mrs/Dr/other):       Title: (Mr/Mrs/Dr/other):         Family name:       Family name:         Given name:       Given name:         Date of birth:      /         dd          Mobile phone:       Mobile phone:	Section 2: Parent/Guardian Deta	ails				
Family name:	Parent/guardian 1 contact details	I	Parent/guardian 2	2 contact details		
Given name:       Given name:         Date of birth:      /         dd          Date of birth:      /         Date of birth:      /         Date of birth:      /         Relationship to child:	Title: (Mr/Mrs/Dr/other):		Title: (Mr/Mrs/D	r/other):		
Date of birth:      /         Date of birth:      /         Date of birth:      /         Date of birth:      /         Relationship to child:	Family name:	F	amily name:			
Relationship to child:       Relationship to child:         Home address:       Home address:         Mobile phone:       Mobile phone:	Given name:	(	Given name:			
Home address:        Mobile phone:        Mobile phone:	Date of birth://///	I	Date of birth: do	// dmmyyyyy		
Mobile phone: Mobile phone:	Relationship to child:	F	Relationship to cl	nild:		
	Home address:	H	Home address:			
Email address: Email address:	Mobile phone:		Mobile phone:			
	Email address:		Email address:			

#### Section 3: St Leonard's College Connections

If either parent or a relative has attended St Leonard's College, please provide the following information:

Father – Final year:	 House:	
Mother – Final year:	 House:	
Other relative – Final year	 House:	
Specify relationship to student:		

Please list the names of other children in the family

Name	Date of birth	School now attending and/or year level and year applied to attend St Leonard's College
	/ / yyyy	
	/ / / ddmmyyyy	
	/ /	

#### Section 4: Accommodation Arrangements

All international students who apply under Visa Subclass 500 must either reside with their parents or with a close family member (guardian) who must be over the age of 25 and approved as suitable by the Department of Home Affairs as part of the student's visa approval.

The Child will live with	both parents	□ father	□ mother	(See Section 2)
	other (if selected	l, please provide details be	elow)	
Title (Mr/Mrs/Dr/other):				
Family name:		Given name:		
Relationship to child:		Age of accommodatio	n provider:	
Home address:				
Home phone:		Business phone:		
If NO, please provide the det	College to organise an education a ails of your appointed education	agent		
Telephone:	E			
Section 6: Marketing	Information			
How did you hear about St L	eonard's College?			
Exhibition or Fair	Education Agent	□ Relocation Age	ent C	Family or Friends
Advertising Materials	College Website	Social Media		

What factors prompted your application to enrol at St Leonard's College?

Academic Reputation

School's Location

Curricular Program

Coeducation

Program for Language Acquisition and Cultural Engagement (PLACE) English as Additional Language Program (EAL)

Section 7: Declaration

I/we declare that the information provided in this application for enrolment is correct as at the date of application and we request that the above named student be registered for enrolment at St Leonard's College.

We understand that we will be notified if and when a place becomes available. We have read and understood the *Terms of Business* and *International Conditions of Enrolment* (visa subclass 500 applicants) and agree to abide by these conditions. We will advise St Leonard's College of any changes to our address and contact details.

Parent/guardian 1 signature:	D	Date/	/ / yyyy
Parent/guardian 2 signature:	D.	Date	/ / 

For information about St Leonard College's Privacy Policy and the information we collect, please visit http://www.stleonards.vic.edu.au/privacy-policy

#### **Section 8: Application Checklist**

Prior to submission of this application, please insure that you have provided copies of the following documents.

- A photocopy of the applicant's birth certificate, passport and/or certificate of citizenship.
- Certified and translated copies of the student's three most recent reports.
- Students from non-English speaking backgrounds and/or where the language of instruction at their current school during the three years prior to applying has not been exclusively in English, please either provide a copy of the student's AEAS Assessment Report or the date and venue where an AEAS Test will be undertaken.
- Copies of any additional education-related testing that has been undertaken and any additional information that will support the student's application.
- Guardians completing this form should provide evidence of their authority to act as the applicant's guardian.

#### **Section 9: Payment Details**

An application fee of AUD \$300 is payable at the time of application. This fee is neither refundable nor transferable.

#### Method of payment:

Direct Transfer	
Bank:	National Australia Bank
BSB Number:	083054
Account Numbe	r: 698114543
Account Name:	St Leonard's College
Swift Code:	NATA AU 3303M

Please include the applicant's name as the reference for payment and provide proof of payment when submitting your application.

Credit card (please enter details below)

#### **Credit Card Payment Authorisation**

Name on card:

Card Type 🛛 VISA 🗍 MasterCard

CVV/verification code:	(digits on the back of the card)	Expiry date:			/	
Card number:		-	m	m	У	у
Signature:						