



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. Certified and translated copies of the student's two most recent school reports.
3. Copies of any additional education-related testing undertaken and any other information that will support the student's application.
4. Guardians completing this form should provide evidence of their authority to act as a guardian.
5. 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

Application to enter year level: _____ in 20____ ☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4

Family name: _____ Given name(s): _____

Preferred name: _____ Gender: ☐ Female ☐ Male

Home address of student (suburb, district, postcode and country): _____

Date of birth: ____ / ____ / ____ Country of birth: _____ Nationality: _____
dd mm yyyy

Under which visa category will the student be coming to Australia to study?

☐ International Student (Visa subclass 500) ☐ Australian Citizen ☐ Permanent Resident ☐ Temporary Resident

Passport number and place of issuance: _____ Expiry date: _____

Visa Class/Subclass and Number: _____ Expiry date: _____

Current school: _____ Current year level: _____

Language(s) of instruction at current school: _____

Length of study at current school: _____ months

Language(s) spoken at home: _____

AEAS assessment attached ☐ Yes ☐ No Scheduled date of AEAS testing ____/____/____

Testing venue: _____ dd mm yyyy

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
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual integration support	Special physical facilities	Medical condition
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Relationship to child: _____

Home address: _____

Home phone: _____

Business phone: _____

Mobile phone: _____

Email address: _____

Parent/guardian 2 contact details

Title: (Mr/Mrs/Dr/other): _____

Family name: _____

Given name: _____

Relationship to child: _____

Home address: _____

Home phone: _____

Business phone: _____

Mobile phone: _____

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
_____	____/____/____ dd mm yyyy	_____
_____	____/____/____ dd mm yyyy	_____
_____	____/____/____ dd mm yyyy	_____

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 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, please provide details below)

Title (Mr/Mrs/Dr/other): _____

Family name: _____ Given name: _____

Relationship to child: _____ Age of accommodation provider: _____

Home address: _____

Home phone: _____ Business phone: _____

Mobile phone: _____ Email address: _____

Section 5: Agent Details

All International/Offshore students (except Australian Citizens) are required to submit their application through an education agent who is approved by the College.

Would you like St Leonard's College to organise an education agent to assist you with your application? ☐ Yes ☐ No

If NO, please provide the details of your appointed education agent

Name of agency: _____ Contact name: _____

Address: _____

Telephone: _____ Email address: _____

Section 6: Marketing Information

How did you hear about St Leonard's College?

☐ Exhibition or Fair ☐ Education Agent ☐ Relocation Agent ☐ Family or Friends
☐ Advertising Materials ☐ College Website ☐ Social Media

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Academic Reputation | <input type="checkbox"/> School's Location | <input type="checkbox"/> Curricular Program | <input type="checkbox"/> Coeducation |
| <input type="checkbox"/> Program for Language Acquisition and Cultural Engagement (PLACE) | <input type="checkbox"/> Academic Reputation | <input type="checkbox"/> School's Location | <input type="checkbox"/> 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: _____

Date ____ / ____ / ____
 dd mm yyyy

Parent/guardian 2 signature: _____

Date ____ / ____ / ____
 dd mm yyyy

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 Number: 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: ____ / ____ / ____
 m m y y

Card number: _____

Signature: _____