



APPLICATION FOR ENROLMENT INTERNATIONAL STUDENTS

NO FEE IS REQUIRED WITH THIS FORM.

The information provided in this document will be treated as confidential and will only be shared with relevant staff members as and where necessary. The information provided by the student to the provider may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code. Should you have any changes, please inform the School immediately in writing. It is suggested you retain a copy of this application form for your reference.

Year and Level of Entry

(eg 2009 Year 11)

Personal details:

Student's name in full _____
(family name) (given names)

Preferred name _____

Date of birth _____ place of birth _____

Citizenship _____ religion _____

Under which visa/status will the student be coming to Australia to study? Please tick appropriate box.

Student Permanent resident

Please complete the following, where applicable:

Visa number _____ Expiry date _____

Passport number _____ Expiry date _____

Private health insurance Yes No

Membership number _____

Academic details:

Present school _____ Present level _____

School reports enclosed

Proficiency in English:

Language spoken at home _____

Major language of teaching at secondary school _____ for _____ years
(please indicate the number of years at secondary school)

English Assessment test enclosed Date of testing _____

Student's Guardian:

The School requires that all overseas students MUST have a guardian in Melbourne who is a mature person of good character. The guardian must be over 21 years of age. The guardian MUST have a special interest in the student and fulfil the legal obligations of a guardian.

Guardian's name in full: _____
(family name) (given names)

Residential address: _____

Telephone _____ Mobile _____

Business address: _____

Telephone _____

Please indicate the relationship of the guardian to the student (eg brother) _____

Parent details

Father
Dr/Mr _____
(family name) (given names)

Address _____

Telephone Home () _____

Business () _____

Mobile _____

Email _____

Occupation _____

Mother
Dr/Mrs/Ms _____
(family name) (given names)

Address _____

Telephone Home () _____

Business () _____

Mobile _____

Email _____

Occupation _____

Declaration by Parents/Guardians

I/We request that the above named student be registered for admittance to Shelford Girls' Grammar. I/We have read the terms and conditions of enrolment (printed separately) and have noted the contents. We jointly and severally agree to abide by these and any regulations from time to time in force at the School and to pay all fees and other monies falling due to the School in respect of the girl enrolled.

Signature of Parent/Guardian _____ Date / /

Address to which account should be sent _____