# ST PAUL'S COLLEGE



A Co-educational Christian Day and Boarding School

# **INTERNATIONAL STUDENT APPLICATION**

OF	FICE USE O	NLY				
Family No:Student No:Application Fee:Receipt No:Enrolment Date:	Recei Date S	y Entry Fe pt No: Started: Finished:	e:			Please attach a recent photograph
APPLYING FOR						
Calendar year of entry: 20		Term:				
Year Level (please circle) 7	8	9	10	11	12	
The student will: 🛛 🗖 be a full t	ime reside	nt (boarc	ler)		Iive local	ly with both parents ly with mother only ly with father only
STUDENT DETAILS						
Surname:			Giver	n Names:		
Preferred name:			Gend	ler:	🗆 Male	Female
Date of Birth:		Current	: Age:			Religion:
Nationality:			Coun	try of Birt	:h:	
Language(s) spoken at home:						
Aboriginal or Torres Strait Islander of	rigin?	□ NO	YE	S: 🗆 Abo	original Austra	alian 🛛 Torres Strait Islander
Passport Number:			Expir	y Date:		Visa Class:
Home Address:						
			Posto	code:		Country:
CURRENT SCHOOL (WHERE APPLICA	BLE)					
Name of current school:					Loc	ation:
Present year level:						
Other schools previously attended: _						

## **LEARNING & MEDICAL INFORMATION**

Please indicate any diagnosed social, emotional or intellectual requirements or medical conditions which may impact on the student's ability to take full advantage of the curricular or co-curricular programs offered by the School or any special talents which the School may need to accommodate. Please provide documentation if applicable:

□ Gifted		English as a Second Language	□ Medical conditions	
□ Support pro	gram in literacy	□ Support program in numeracy	□ Integration (support	for disability or impairment)
Other (e.g. oc	cupational, speech therapy –	please specify)		
Is your child on any regular prescribed medication or have allergies			🗆 Yes	□ No
If yes, what is	the medication and doe	s it impact on your child's learnin	g / participation in Sch	nool programs?
	74116			
PARENT/S DE Father / Guar				
-				
	y complete if different f	rom child):	Preferred name:	
			Postcode:	
Telephone:	Home:		Work:	
	Mobile:			
Email:				
Mailing addre	ess: (if different from res	idential address):		
			Postcode:	
Profession or	Occupation:			
Employer:				
Will you be liv	ving in the Walla Walla a	rea? 🗆 Yes 🗆 No 🛛 If yes please	provide details of you	r visa
Mother / Gua	ardian			
Surname:			Title (Dr/Mr/Other):	
Given names:			Preferred name:	
Address: (only	y complete if different f	rom child):		
			Postcode:	
Telephone:	Home:		Work:	
	Mobile:			
Email:				
Mailing addre	ess: (if different from res	idential address):		
Profession or	Occupation:			

Employer:						
Will you be living in th	e Walla Walla a	rea? □Yes □	No If yes please provide	details of your visa		
INVOICES Person to whom accord	unts are to be s	ent:				
Name:						
Address:						
	Postcode:					
FAMILY SITUATION The Student resides w	vith:					
Both parents	□ Mother	□ Father	□ Shared parenting	□ Other		
If natural parents are	not living toget	ner, please com	plete and select all applica	able options (this is to help avoid confusion)		
□ Parents separated		🗆 Father de	ceased	□ Mother deceased		
□ Parents divorced		□ Father rer	married	□ Mother remarried		
Who does the School	communicate w	vith regarding da	ay to day matters? (more th	aan one box can be ticked)		
□ Mother	□ Father	□G	uardian			
Who receives copies o	of the School rep	ports and other	correspondence from the	School: (more than one box can be ticked)		
□ Mother	□ Father	□G	uardian			
Please list any special	circumstances (	i.e. Court Order	rs) of which the School sho	ould be aware:		
STUDENT SELF REPOR Tell us about yourself (e	• •	•	-			
What would you like to website)	achieve at St Pau	ıl's College: (Plea	ase note you can find out mo	ore about what St Paul's offers on our		

## PARENT DECLARATION

Student's Family Name: \_\_\_\_\_

Student's Given Name: \_\_\_\_\_

- I/We request that the above named student be registered as an application for enrolment to St Paul's College Walla Walla.
- I/We declare that all relevant information about my/our child has been provided in this support of this application.
- I/We understand that submitting an application is not a guarantee that a place will be offered.
- I/We acknowledge that if an offer of a place is made, I/we will have to enter into an International Student Written Agreement and pay the applicable fees.
- I/We understand that if we do not live in Australia, our child must reside at the school and we will appoint an adult resident in or near Albury as a Guardian.

Signed: (Father or Guardian):	Signed: (Mother or Guardian):		
Printed Name:	Printed Name:		
Date:	Date:		
Passport – Country of Issue:	Passport – Country of Issue:		
Passport Number:	Passport Number:		

Signatures of both parents (and all guardians) are normally required. If this is not possible please contact the Enrolments Manager as where only one parent/guardian has signed this application, that person must satisfy the School that he/she is the sole or legal guardian and will be responsible for all fees and charges.

## TO SUBMIT APPLICATION

Please ensure the following (where applicable) are included with your application:

- Application fee \$200 per child (payable by credit card or direct deposit [please contact the school for account details])
- □ A passport sized photo
- Copy of Birth Certificate (translated into English)
- Copy of most recent report (translated into English)
- □ AEAS test results
- Copy of passport and visa details for student and parent(s)
- Any family arrangement documentation (if applicable)
- Any information relevant to the child's education including medical or diagnostic reports, details of medication etc

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