



# INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

*Please take care to complete clearly and correctly in English to allow for faster processing*

## 1. Student Details

Family Name <i>(as on passport)</i>		Given Name	
Preferred Name			
Date of Birth	____/____/20__	Nationality	
Passport No.		Expiry Date	
Country of Birth		Student Email	
Type of Visa		Religion	
First Language		Other Language(s) Spoken	

## 2. Course Selection Details

Commencement	<input type="checkbox"/> 2024 <input type="checkbox"/> 2025 <input type="checkbox"/> 2026 <input type="checkbox"/> Term1 <input type="checkbox"/> Term2 <input type="checkbox"/> Term3 <input type="checkbox"/> Term4
Course <i>(Please select 1)</i>	097305C Junior School (Primary School Studies) <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6  097306B Middle School (Junior Secondary Studies) <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10  097307A Senior School (Senior Secondary Studies) <input type="checkbox"/> Year 11 It is our strong recommendation, that students complete Year 10 at Villanova College as preparation for Senior School. <b><u>Direct entry to Year 11 will only be considered under extenuating circumstances discussed directly with the Dean of International Students.</u></b>

### For Office use ONLY

Application date received:	Student ID:	Parent Code:
Receipt No.:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Debit <input type="checkbox"/> Other:	



### 3. Family Details

		Parent/Guardian 1	Parent/Guardian 2
Relationship to Student		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Name	Family Name		
	Given Name		
Address	Street		
	City		
	State/Province		
	Country & Post Code		
Phone	Mobile		
	Business/Home		
Email			
Country of Birth			
Occupation			
Highest Level of Education			

### Further information

The student resides with:

- Both parents     Mother     Father     Guardian

Please tick whichever applies:

- Parents are separated       Parents divorced  
 Father is deceased           Mother is deceased  
 Father remarried               Mother remarried

Preferred contact:

- Both parents     Mother     Father     Guardian



### 4. Emergency Contact

To be used in the event that the parents/guardian are not contactable. Emergency contact must be able to speak English.

Relationship to Student		
Name	Family Name	
	Given Name	
Address	Street	
	City	
	State/Province	
	Country	
Phone	Mobile	
	Business/Home	
Email		

### 5. Student Academic Information

Please provide certified reports for the previous one years.

Students who **do not** meet the English language requirement for direct entry will need to undertake a minimum 20-week ELICOS Course at a Language school of their choice

Present School:

Language of instruction:

Have you studied English at school?  Yes  No

If **yes**, please state number of years/months      Years: ..... Months: .....

Have you undertaken an IELTS or other approved English language test?  Yes  No

If **yes**, please provide score: .....

**Please attach a copy of your result; certified copies of original documents are required.**

**Accredited English language translations must accompany documents not in English.**



## 6. Student Accommodation

Students not living with their parents or nominated relative will be in Homestay accommodation approved by Villanova College and arranged by Australian Homestay Network (AHN) as per Public Interest Criterion 4012A and visa condition 8532, which governs care arrangements for student visa applicants/holders who have not turned 18 years of age.

Do you require Villanova College to arrange Homestay accommodation?

- Yes Please complete the following online Homestay Application provided by AHN <https://www.homestaynetwork.org/villanova-college-students/>
- No Please nominate a parent, legal guardian or relative approved by the Commonwealth Government department responsible for immigration:

Relationship to Student		
Name	Family Name	
	Given Name	
Address	Street	
	City	
	State/Province	
	Country & Post Code	
Phone	Mobile	
	Business/Home	
Email		

## 7. Overseas Health Cover (OSHC)

Please be noted the family will need to organise OSHC themselves.

It is a visa requirement that all international students have private health insurance, covering the duration of their visa. There are numerous providers, however Villanova College suggests BUPA [www.oshc.bupa.com.au](http://www.oshc.bupa.com.au) to provide this cover. It is ultimately the students' responsibility to maintain the cover and know their provider details. A copy of the Certificate of Insurance must be provided to the Villanova College Enrolments Officer before commencing at Villanova College.



### 8. Student's Medical Profile

Please indicate below if your child has experienced any of the following medical conditions

Is your child on any medication/herbal supplements for the condition? If yes, provide details.

Heart problems	Yes/No	
Respiratory problems: Asthma	Yes/No	
Diabetes	Yes/No	
Blood disorder	Yes/No	
Epilepsy	Yes/No	
Migraine	Yes/No	
Phobias	Yes/No	
Allergies	Yes/No	
Attention Difficulty: ADD or ADHD	Yes/No	
Aspergers Syndrome / Autism	Yes/No	
Dyslexia	Yes/No	
Recent illnesses	Yes/No	

Has your child received any assistance from or been referred to:

Counsellor	Yes/No	Hearing/Vision Impaired Services	Yes/No
Psychologist / Analyst	Yes/No	Speech Therapist	Yes/No
Psychiatrist	Yes/No	Visual Services	Yes/No
Anger Management	Yes/No	Physically Handicapped Services	Yes/No

If you answered Yes to any question above, please provide all supporting medical documents, including information about medication. This will enable Villanova College to ensure we are able to adequately support your son during his studies.

Permission to administer Paracetamol (for fever, minor aches and pains) Yes / No

Villanova College reserves the right to administer emergency care or refer a student to a medical practitioner or hospital should the situation arise.

### 9. Payment of Account

Name of person(s) responsible for payment of account:



## Application Documentation Checklist:

For Villanova College to proceed with this application please ensure you have included the following:

- All sections (1-9) of the form completed including a photograph of student
- Completed and signed Parent and Student Declaration page

Please **attach** the following documents:

- A copy of the student's current **passport**
- Copies of the student's **report cards** from the previous one year of study, including a copy of the latest report  
*If the student's Report Cards **do not** record student behaviour or commitment to studies, A completed Reference Form from the student's current or most recent School Principal is required – please attach if this applies.*
- Written evidence of **proficiency in English**
- A completed Homestay Application Form (if applicable)

The below documentation is required **prior** to the student beginning his studies. Please **attach** the following if available:

- Copy of Australia Student Visa
- A completed Subject Choices Form if appropriate
- Any supporting medical documentation



## Parent and Student Declaration

All applicants and their parent / guardian must read and sign the declaration below before the application can be processed. **Please tick each box** to indicate your understanding.

- 1. We declare that the information supplied in this form is complete and accurate.
- 2. We understand that failure to provide full and frank disclosure on the student's profile and medical history may result in Villanova College withdrawing any offer and enrolment at any time.
- 3. We have read, understood and agree to Villanova College's policies and procedures.
- 4. We understand that Villanova College is bound by the National Privacy Principles (NPPs) contained in the Privacy Act 1988. These principles are designed to protect the confidentiality of information and the privacy of individuals by regulating the way personal information is managed. Information supplied in this application may be provided to any official authority or organisation deemed appropriate by the Principals, as required by the ESOS Regs 2019 and National Code 2018.
- 5. We understand that we will be responsible for all school fees and these must be paid by the due date as indicated on the invoice.
- 6. We understand that the student is responsible for maintaining all visa, passport and healthcare requirements.
- 7. We understand that this application does not guarantee that a place of enrolment will be offered.

<b>Fathers Name:</b>	<b>Signature</b>	<b>Date</b>
<b>Mothers Name:</b>	<b>Signature</b>	<b>Date</b>
<b>Students Name:</b>	<b>Signature</b>	<b>Date</b>

Information is collected on this form and during your enrolment to meet our obligations under the ESOS Regs 2019 and the National Code 2018; to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally.

The authority to collect this information is contained in the ESOS Regs 2019 and the National Code 2018. Information collected about you on this form and during your enrolment may be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Protection Scheme (TPS) or state and territory agencies, in accordance with the Privacy Act 1988. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.



## To be completed by agent

I declare that I have briefed the applicant and parents about the International Student Program policies available on the Villanova College website and in the International Student Handbook relating to the application. I have provided the applicant with relevant information about Villanova College consistent with the ESOS Regs 2019 and the National Code 2018.

I confirm that the information contained in this application and supporting documentation is accurate and has not been altered in any way.

Any enrolment or tuition fees paid to me by the student and/or his family will be forwarded to Villanova College immediately to ensure Villanova College can uphold its commitment to the ESOS Regs 2019 in enacting the Refund Policy where applicable.

Name of Agent

Contact Person

Agent ID

Address

Phone Number

Email Address

Agent Signature

Date

## Payment details

**Any Payment may be transferred to:**

Villanova College

National Australia Bank

Swift Code: NATAAU3303M

Branch No (BSB): 084 004, Account No.: 84-225-7419

*Please mark student's name clearly on the deposit sli*