



# VILLANOVA COLLEGE

*Developing boys into fine young men*

Please  
attach  
photo  
here

## INTERNATIONAL VISA STUDENT APPLICATION FOR ENROLMENT

**Please print clearly in English.**

### STUDENT DETAILS

|   |                             |
|---|-----------------------------|
| Family Name (as on passport):                     | Given Name(s):              |
| Date of Birth        /        /        (dd/mm/yy) | Nationality:                |
| Passport No.:                                     | Expiry Date:                |
| Country of Birth:                                 | Student Email:              |
| Type of Visa:                                     |                             |
| First Language:                                   | Other Language(s) spoken:   |
| Course and Year Level of Commencement :           | Year of Commencement        |
| Junior School:    5 / 6                           | 2018 / 2019 / 2020 / 2021   |
| Junior Secondary: 7 / 8 / 9 / 10                  | Semester One / Semester Two |
| Senior School:    11                              |                             |
| <i>(Year 11 is prerequisite for Year 12)</i>      |                             |

### FOR OFFICE USE ONLY

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

|                                    |        |
|------------------------------------|--------|
| Legal Entity t/a Villanova College |        |
| CRICOS Provider Code:              | 03693G |

## FAMILY DETAILS

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Father / Stepfather / Legal Guardian

Mother / Stepmother / Legal Guardian

Family Name:

Family Name:

Given Name:

Given Name:

Address:

Address:

Mobile No.:

Mobile No.:

Home No.:

Home No.:

Business No.:

Business No.:

Email:

Email:

Country of Birth:

Country of Birth:

Occupation:

Occupation:

Highest level of Education:

Highest level of Education:

## FURTHER INFORMATION

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**The student resides with:**

Both parents  Mother  Father  Guardian/Carer

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/Carer

## EMERGENCY CONTACT

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Name:

Phone No.:

Relationship to Student:

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## STUDENT ACADEMIC INFORMATION

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**Please provide certified reports for the previous two 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:

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Language of instruction:

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Have you studied English at school?

Yes

No

**If yes**, please state number of years/months

Years: ..... Months: .....

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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.**

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## STUDENT'S ACCOMMODATION

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Students not living with their parents or nominated relative will be in Homestay accommodation approved by Villanova College and arranged by International Student Care Australia (ISCA) 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 Homestay?      Yes / No

**If yes**, please complete the attached Homestay Application Form provided by ISCA

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**If student is not in approved Villanova College and ISCA arranged accommodation, provide details below of where and with whom the student will reside:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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## OVERSEAS HEALTH COVER

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Do you require Villanova College to organise OSHC? Yes / No

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.

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## STUDENT'S MEDICAL PROFILE

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**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 questions 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.

## 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:

- Certified copy of the student's current passport
- Certified copies of the student's report cards from the previous two years of study, including a copy of the latest report
- A completed Reference Form from the student's current or most recent School Principal if the student's Report Cards do not record student behaviour or commitment to studies
- A completed Subject Choices Form if appropriate
- Written evidence of proficiency in English
- A completed Homestay Application Form (if applicable)
- Application for course credit (if applicable and only if transferring from an Australian school in Years 11 or 12)
- Enrolment Application Fee (non-refundable)
- Any supporting medial documentation

## PARENT AND STUDENT DECLARATION

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All applicants and their parent / guardian must read and sign the declaration below before the application can be processed.

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 Act 2000 and National Code 2007.
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.

|                 |            |       |
|-----------------|------------|-------|
| Father's Name:  | Signature: | Date: |
| Mother's Name:  | Signature: | Date: |
| Student's Name: | Signature: | Date: |

Information is collected on this form and during your enrolment to meet our obligations under the ESOS Act and the national Code of Practice for Providers of Education to Overseas Students 2007; 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 Education Services for Overseas Student Act 2000, the Education Services for Overseas Students Regulations 2001 and the National Code of Practice for Providers of Education to Overseas Students 2007. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the EXOS Assurance Fund Manager. 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

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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 Act 2000 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2007.

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 legislation in enacting the Refund Policy where applicable.

Name of Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Agent ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT DETAILS

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### Any Payment may be transferred to:

Villanova College

Commonwealth Bank Coorparoo

Swift Code: **TBC**

Branch No (BSB): 064 107

Account No.: 0090 0613

Please mark student's name clearly on the deposit slip

### Credit Card Authorisation:

MasterCard       Visa

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Amount:      \$110 (Application fee – non-refundable)

Signature \_\_\_\_\_

