



VILLANOVA COLLEGE

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INTERNATIONAL VISA STUDENT APPLICATION FOR ENROLMENT

Please print clearly in English.

1. STUDENT DETAILS

Family Name (as on passport):	Given Name(s):
Preferred Name:	
Date of Birth / / (dd/mm/yy)	Nationality:
Passport No.:	Expiry Date:
Country of Birth:	Student Email:
Type of Visa:	Religion:
First Language:	Other Language(s) spoken:

2. COURSE SELECTION DETAILS

i. Commencement:	<input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	
	<input type="checkbox"/> Semester 1 or <input type="checkbox"/> Semester 2	
ii. Course:	097305C Primary School Studies:	<input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6
	097306B 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 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. Direct entry to Year 11 will only be considered under extenuating circumstances discussed directly with the Dean of International Students.

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:



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3. FAMILY DETAILS

	<i>Parent/Guardian 1</i>	<i>Parent/Guardian 2</i>
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: <i>Family Name</i>		
<i>Given Name</i>		
Address:		
<i>City:</i>		
<i>State/Province:</i>		
<i>Country:</i>		
Phone: <i>Mobile:</i>		
<i>Business/Home:</i>		
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



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4. EMERGENCY CONTACT

To be used in the event that the parents/guardian are not contactable

Relationship to Student:	
Name: <i>Family Name</i>	
<i>Given Name</i>	
Address:	
<i>City:</i>	
<i>State/Province:</i>	
<i>Country:</i>	
Phone: <i>Mobile:</i>	
<i>Business/Home:</i>	
Email:	

5. STUDENT ACADEMIC INFORMATION

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: _____

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.



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6. STUDENT'S ACCOMMODATION

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 Villanova College to arrange Homestay accommodation?

- Yes Please complete the attached Homestay Application Form provided by ISCA
- No Please nominate a parent, legal guardian or relative approved by the Commonwealth Government department responsible for immigration:

Relationship to Student: (tick one)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other, please specify:
Name:	<i>Family Name</i>
	<i>Given Name</i>
Address:	
	<i>City:</i>
	<i>Postcode:</i>
Phone:	<i>Mobile:</i>
	<i>Business/Home:</i>
Email:	

7. OVERSEAS HEALTH COVER

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 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 of the form completed including a photograph of student
- Completed and signed Parent and Student Declaration page

Please **attach** the following documents:

- 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

*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**

If an IELTS, or similar, result is not provided, the student will be required to attend a minimum of 20 weeks at an English Language School prior to commencing at Villanova College. Students must achieve an Upper Intermediate level of English from their chosen Language School. Progress reports from the Language School must be received prior to final acceptance.

- 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
- Copy of Overseas Student Health Cover (OSHC) (if being organised by the student)
- A completed Subject Choices Form if appropriate
- Any supporting medical documentation



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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 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.



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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 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

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 slip

Credit Card Authorisation:

MasterCard Visa

Card Number: _____

Expiry Date: _____

CCV: _____

Cardholder's Name: _____

Amount: **\$150** (Application fee – non-refundable)

Signature: _____