

INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

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

____/___/20___

Given Name

Nationality

1	_	S	tu	d	e	nt)ei	tai	ls
-	•		-	-	-		•	-	

Family Name

(as on passport)

Preferred Name

Date of Birth

. . . .

Passport No.			Expiry Date	
Country of Birth			Student Email	
Type of Visa			Religion	
First Language			Other Language(s) Spoken	
2. Course Sel	ection Det	ails		
Commencement	□ 2022 □ 20		ester 2	
Course (Please select 1)	□Year 5 □ 097306B Mide □Year 7 □ 097307A Seni □Year 11 I at Villanova C will only be o	lYear 6 dle School (Junio Year 8 □Year or School (Senio t is our strong re College as prepar	r Secondary Studies) ecommendation, that ation for Senior Scho er extenuating circum	students complete Year 10 ol. <u>Direct entry to Year 11</u> ostances discussed directly
For Office use ONLY				
Application date rece	ived:	Studen	t ID:	Parent Code:
Receipt No.:	☐ Cash	Credit Card	I Direct Debit	Other:



3. Family Details

		Par	ent/Guar	dian 1	Parent/Guardian 2		
Relationship	to Student	□Father	□Mother	☐ Guardian	□Father	□Mother	□ Guardian
None	Family Name						
Name	Given Name						
	City						
Address	State/Province						
	Country						
Phone	Mobile						
	Business/Home						
Email							
Country of B	irth						
Occupation							
Highest Leve	el of Education						
Eurthar in	formation						
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	p to Student
Name	Family Name
	Given Name
Address	City
	State/Province
	Country
Phone	Mobile
, none	Business/Home
Email	

5. Student Academic Information

Please provide certified reports for the previous two years.



6. Student 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 re	quire Villano	va College to arran	ge 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	o to Student			
	Name	Family Name			
	Name	Given Name			
	Addusse	City			
	Address	State/Province			
		Country			
	Phone	Mobile			
		Business/Home			
	Email				
	7. Overseas Health Cover (OSHC) you require Villanova College to organise OSHC?				
•			tional students have private health insurance, covering the		
duration o www.osho the cover	of their visa. bupa.com.a and know th	There are nume u_to provide this c eir provider details	erous providers, however Villanova College suggests BUPA over. It is ultimately the students' responsibility to maintain s. A copy of the Certificate of Insurance must be provided to before commencing at Villanova College.		



8. Student's Medical Profile

Please indicate below if your child has experienced any of the following medic 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 re	ferred 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 <u>any</u> 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

ount:



Application Documentation Checklist:

For Villa	anova 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:
	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)
	elow documentation is required prior to the student beginning his studies. Please <u>attach</u> the ing 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



Parent and Student Declaration

an l	oe pi	rocessed. Please tick each box to indicate your understanding.
	1.	We declare that the information supplied in this from 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 <u>any</u> 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.

All applicants and their parent / guardian must read and sign the declaration below before the application

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 of 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 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 wa	y.
· ·	id to me by the student and/or his family will be forwarded to ensure Villanova College can uphold its commitment to the ESOS 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 Please mark student's name clearly	t No.: 84-225-7419
Credit Card Authorisation:	
☐ MasterCard ☐ Visa	
Card Number:	
Expiry Date:	CCV:
Cardholder's Name:	
Amount: \$150 (Application	fee – non-refundable)
Signature:	