

INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

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

____/20___

Given Name

Nationality

	: Detai	

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	lection Details			
Commencement	□2024 □ 2025 □2026 □Term1 □Term2 □Term3 □Term4			
Course (Please select 1)	097305C Junior School (Primal Year 5 Year 6 Year 6 O97306B Middle School (Junior Year 7 Year 8 Year 097307A Senior School (Senior Year 11 It is our strong at Villanova College as preparation of the Dean of Internation with the Dean of Internation	or Secondary Studies) 9 □Year 10 or Secondary Studies) recommendation, that solution for Senior Schooler extenuating circums		
For Office use ONLY				
Application date rece	ived: Stude	nt ID:	Parent Code:	
Receipt No.:	Cash Credit Car	d Direct Debit	Other:	



3. Family Details

		Parent/Guardian 1			Parent/Guardian 2		
Relationship	to Student	□Father	□Mother	☐ Guardian	□Father	□Mother	☐ Guardian
	Family Name						
Name	Given Name						
	Street						
	City						
Address	State/Province						
	Country & Post Code						
Phone	Mobile						
Phone	Business/Home						
Email							
Country of B	irth						
Occupation							
Highest Level of Education							
Further in The student re							
☐Both parents ☐ Mother ☐ Father ☐ G			uardian				
Please tick whichever applies:							
☐ Parents a	are separated	Paren	ts divorced				
☐ Father is deceased ☐ Mother is deceased							
☐ Father re	married	☐ Moth	er remarriec	l			
Preferred contact:							
☐Both pare	nts Mother	☐ Fath	ier 🗌 Gu	uardian			



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
	Street
Address	City
	State/Province
	Country
Phone	Mobile
	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 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 re	quire Villano	va College to arran	ge 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 Commonwea Government department responsible for immigration:			
	Relationship to Student		
	Name	Family Name	
	Name	Given Name	
		Street	
	Address	City	
		State/Province	
		Country & Post Code	
	Phone	Mobile	
	Hone	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 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 medica conditions	al	Is your child on any medication/herb supplements for the condition? If yes, provide details.	al
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

unt:



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	e <u>attach</u> the following documents:
	A copy of the student's current passport
	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
	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
	A completed Subject Choices Form if appropriate
	Any supporting medical documentation



Parent and Student Declaration

Fathers Name:		Name:	Signature	Date
		offered.		
	7.	We understand that this application does not guarantee that a place of enrolment will be		
		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. We understand that the student is responsible for maintaining all visa, passport and healthcare requirements.		
	5.			
	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.		
			-	
	3.	time. We have rea	l, understood and agree to Villanova College	's policies and procedures.
	2.		nd that failure to provide full and frank discl ry may result in Villanova College withdrawi	·
	1.	We declare t	nat the information supplied in this from is co	mplete and accurate.
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.				

Fathers Name:	Signature	Date
Mothers Name:	Signature	Date
Students 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 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	
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

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