St Margaret's

International Student Application FOR ADMISSION

Please use BLOCK CAPITALS
STUDENT INFORMATION

Student's Surname

Given Names | Preferred Name

Date of Birth | Status - (Boarder/Day/Homestay)

Proposed Calendar Year to be enrolled | Proposed Academic (Grade) Year

Language Spoken (Home) | Other Language/s

Religion | Country of Birth

Nationality

Present School

Passport Number:

Country of Issue: | Expiry Date:

VISA DETAILS:

Do you have an Australian visa? ☐ Yes ☐ No

If yes, specify type of visa + number (eg, student, visitor, temporary, permanent resident)

Please Supply a copy of Passport and Visa details *(or proposed visa)*

FAMILY INFORMATION

Home Address

Post Code

Postal Address

Post Code

Home Phone Number | Facsimile

Address in Australia (if applicable)

Post Code

Do you have existing Overseas Student Health Cover? ☐ Yes ☐ No

Provider: | Policy No:

Expiry Date *(Please provide a copy of the policy confirmation note)*

OFFICE USE ONLY

Parent Code:

Date Received:

Student Code:

Receipt No:

St Margaret's

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International Student

FATHER or GUARDIAN

Resides with student ☐ YES ☐ NO

Name

Occupation

Employer

Industry

Business Address

Post Code

Business Phone Mobile Phone

Email Address

Religion

Passport Number

Country of Issue Expiry Date

MOTHER or GUARDIAN

Resides with student ☐ YES ☐ NO

Name

Occupation

Employer

Industry

Business Address

Post Code

Business Phone Mobile Phone

Email Address

Religion

Passport Number

Country of Issue Expiry Date

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STUDENT ACADEMIC DETAILS

Current School

Address

Current Year Level How many years of schooling have been completed?

(please include two years of the most recent school reports)

How long have you learnt English?

Proposed place for ELICOS course?

When did you complete your English Assessment?

Please state which test was completed *(include a copy of the test results)*

OTHER FAMILY MEMBERS who have attended, are attending or will be attending St Margaret's

Full Name Maiden Name

Relationship to Student Year of Leaving/Year Level House

Contact (Phone and/or Email)

AGENT DETAILS

Name of Agency

Agent's Name

Address

Phone number

Email

St Margaret's

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International Student

ALTERNATIVE CONTACT if future mail from school does not reach you promptly or parents are not available (Eg. grandparents, neighbours, close friend)

Full Name

Postal Address

Post Code

Phone Number Relationship to Student

Email address

CONSENT TO SHARE PERSONAL INFORMATION WITH THIRD PARTIES

St Margaret's AGS may be required to share information about overseas students for the purposes of providing education, welfare, accommodation and support services.

St Margaret's AGS collects information to determine whether the School can meet your child's individual needs to provide safe and appropriate accommodation when considering enrolment, and to provide accommodation and welfare arrangements suitable and appropriate to your child during their enrolment.

If your child will be accommodated in a homestay arrangement during the school term or during holidays:

I/we give permission to share the following information with homestay parents and homestay providers:

Heath and medical information	YES	NO
Academic progress, learning support needs and performance	YES	NO
Attendance and engagement information	YES	NO
Wellbeing, welfare or behaviour matters	YES	NO
Emergency or risk-related information	YES	NO

If your child's enrolment was facilitated by an education agent:

I/we give permission to share the following information with our education agent:

Health and medical information	YES	NO
Academic progress, learning support needs and performance	YES	NO
Attendance and engagement information	YES	NO
Wellbeing, welfare or behaviour matters	YES	NO
Emergency or risk-related information	YES	NO

You may withdraw this consent at any time by advising the school in writing. Withdrawing consent may impact the Schools' ability to provide accommodation and welfare arrangements suitable and appropriate to your child's need during their enrolment.

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FINANCIAL DETAILS (Upon application, a non-refundable Application Handling Fee is required)

☐ CASH ☐ CHEQUE (payable to St Margaret's Anglican Girls School)

☐ VISA ☐ MASTERCARD ☐ Amex

Credit Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ / ☐☐

Card Holder's Name

Amount Signature

Telegraphic Transfer: Where this method is used, it is requested that parents phone or fax a copy of the receipt to the School immediately. Telegraphic Transfers may be made directly to the School Bank Account.

Account Name:	St Margaret's Anglican Girls School
Bank:	Westpac Banking Corporation
Branch:	Hamilton
BSB:	034-041
Account Number:	518602
Swift Code:	WPACAU2SXXX

DECLARATION

We, the Parent/s or Guardian/s, declare as follows:

1. We agree that the above information is accurate and true at time of application.
2. We understand that this application is an application for admission only and does not confirm a place at the School
3. We acknowledge there is a non-refundable application handling fee to cover administrative costs.
4. We consent to the collection, use, disclosure and retention of personal information about us and the Student from time to time in accordance with the School's Privacy Policy, a copy of which can be obtained from the School's website.

Signatures of Both Parents/Guardians

_____ _____

Date ____ / ____ / _____

AGENTS CHECKLIST

- ☐ Completed Application Form
- ☐ A copy of Passport and Visa details
- ☐ OSHC policy, if applicable
- ☐ Two years of most recent academic records
- ☐ English proficiency test results
- ☐ Copy of parent/guardian passport

St Margaret's Anglican Girls School
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11 Petrie Street Ascot QLD 4007 Australia
Telephone: +61 7 3862 0777
admissions@stmargarets.qld.edu.au
www.stmargarets.qld.edu.au

St Margaret's School Council Ltd
ABN: 69069684019 CRICOS Code: 00511K
A School of the Society of the Sacred Advent