

Please use BLOCK CAPITALS STUDENT INFORMATION

Student's Surname		
Given Names	Preferred Name	NER VOLAR
Date of Birth S	tatus - (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:	
If yes, specify type of visa + number (eg, student, Please Supply a copy of Passport and Visa c FAMILY INFORMATION Home Address		OR ADMISS
Postal Address		
	Post Code	20
Home Phone Number	Facsimile	
Address in Australia (if applicable)	ratsinne	
Address in Adstrana (ir applicable)	Post Code	
Do you have existing Overseas Student Healtl		OFFICE USE ONLY
Provider:	Policy No:	Parent Code:
Expiry Date	(Please provide a copy of the policy confirmation note)	Date Received: Student Code: Receipt No:

International S

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St Margaret's

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	
MOTHER or GUARDIAN Resides with student YES	
Resides with student YES NO	
Resides with student YES NO	
Resides with student YES NO Name Occupation	
Resides with student YES NO Name	
Resides with student YES NO Name Soccupation Soccupation Employer Soccupation Soccupation	
Resides with student YES NO Name Soccupation Soccupation Employer Soccupation Soccupation	Port Cada
Resides with student YES Name Occupation Employer Industry Business Address	Post Code
Resides with student YES NO Name Soccupation Soccupation Employer Soccupation Soccupation	Post Code Mobile Phone
Resides with student YES Name Occupation Employer Industry Business Address	
Resides with student YES NO Name Occupation	
Resides with student YES NO Name Soccupation Soccupation Soccupation Employer Soccupation Soccupation Soccupation Industry Soccupation Soccupation Business Address Soccupation Soccupation Business Address Soccupation Soccupation Business Phone Soccupation Soccupation Email Address Soccupation Soccupation	

St Margaret's ₽ International Student FO T ADMISSION

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 <i>(include a copy of the test results)</i>				

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		



ALTERNATIVE CONTACT if future mail from school does not reach you promptly or parents are not available (Eg. grandparents, neighbours, close friend)	St Margaret's
Full Name	
Postal Address	PER VOLAR SUNIAL
Post Code	
Phone Number Relationship to Student	
Email address	
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 /	\bigcirc
Card Holder's Name	R
Amount Signature	
Telegraphic TransfersWhere this method is used, it is requested that parents phone or fax a copy of thereceipt to the SchoolImmediately. Telegraphic Transfers may be made directly to the School Bank Account,Account NameSt Margaret's Anglican Girls SchoolBank:National Australia BankBranch;Capital officeBSB:084 004Account Number163670842Swift Code:NATAAU3304B	
DECLARATION	

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