



APPLICATION FORM

Please Complete All Sections

We apply for the enrolment of the undermentioned student at St Dominic's Priory College, subject to the rules and regulations of the school.

STUDENT'S DETAILS

Family Name _____ Given Name(s) _____

Gender _____ Date of Birth _____

Nationality _____ Religion *(if applicable)* _____

Present School _____ Current Year Level _____

Passport No _____

Full mailing address *(including country, post or zip codes)*

Phone Number *(including country and area codes)* _____

E-mail address _____

English Language Proficiency

If you have taken the IELTS Test please indicate your score and the date on which it was taken:

IELTS Score _____ Date _____

COURSE ENROLMENT

Name of course you are applying for at St Dominic's Priory College *(please tick)*

SACE Stage 1

SACE Stage 2

Year that you wish to commence this course *(eg 2005, 2006)* _____

Academic Achievement

Please supply copies of academic records, school reports showing satisfactory completion of Year 10 or the equivalent.

FINANCIAL SUPPORT

Please indicate your source of financial support. To gain a visa to study in Australia you will need to provide the following information:

1. Documentary evidence of cash assets to meet the total costs of your education and travel and accommodation costs. This assumes AUD \$12,000 per year in living costs. School fees are extra.
2. Evidence that the source of funds has been held for 3 months immediately prior to your visa application.

Overseas Health Insurance

It is a legal requirement that the student has Overseas Health Insurance. If the student has overseas health insurance please provide a copy of the policy to the College. If not, the College will organise overseas health cover for the student. The cost of this cover is AUD \$324.00.



PARENT/GUARDIAN CONTACT DETAILS

Name, address and signature of parent(s) for ongoing communication and information while the student is studying in Australia

Parent/Guardian Contact Details

Title (*Mr, Dr, etc*) _____ Family Name _____

Given Name(s) _____ Gender _____

Relationship to student (*father, mother*) _____ Home Phone _____

Business Phone _____ Fax _____

Email _____ Signature _____

Full mailing address (*including country, post or zip codes*)

Parent/Guardian Contact Details

Title (*Mrs, Dr, etc*) _____ Family Name _____

Given Name(s) _____ Gender _____

Relationship to student (*father, mother*) _____ Home Phone _____

Business Phone _____ Fax _____

Email _____ Signature _____

Full mailing address (*including country, post or zip codes*)

N.B. This application will not be accepted unless both parents sign it, except in such cases as the Principal at her discretion determines that it is impractical or impossible to obtain the signature of both parents.

Fee Payment

Name of person to whom fee accounts should be sent _____

Address and telephone if different from Parent/Guardian above _____

I hereby accept the above-named student for entry to St Dominic's Priory College, subject to the conditions stated therein.

Principal _____ *Date*