

# ST PAUL'S COLLEGE

WALLA WALLA, NSW



A Co-educational Christian Day and Boarding School

## INTERNATIONAL STUDENT APPLICATION

OFFICE USE ONLY				Please attach a recent photograph
Family No:	_____	Family Entry Fee:	_____	
Student No:	_____	Receipt No:	_____	
Application Fee:	_____	Date Started:	_____	
Receipt No:	_____	Date Finished:	_____	
Enrolment Date:	_____			

### APPLYING FOR

Calendar year of entry: 20\_\_\_\_\_ Term: \_\_\_\_\_

Year Level (please circle)      7      8      9      10      11      12

The student will:       be a full time resident (boarder)       live locally with both parents  
 live locally with mother only  
 live locally with father only

### STUDENT DETAILS

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender:       Male       Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Aboriginal or Torres Strait Islander origin?       NO      YES:  Aboriginal Australian       Torres Strait Islander

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Visa Class: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

### CURRENT SCHOOL (WHERE APPLICABLE)

Name of current school: \_\_\_\_\_ Location: \_\_\_\_\_

Present year level: \_\_\_\_\_ No. of years attended: \_\_\_\_\_

Other schools previously attended: \_\_\_\_\_

## LEARNING & MEDICAL INFORMATION

Please indicate any diagnosed social, emotional or intellectual requirements or medical conditions which may impact on the student's ability to take full advantage of the curricular or co-curricular programs offered by the School or any special talents which the School may need to accommodate. Please provide documentation if applicable:

- Gifted  English as a Second Language  Medical conditions  
 Support program in literacy  Support program in numeracy  Integration (support for disability or impairment)  
 Other (e.g. occupational, speech therapy – please specify) \_\_\_\_\_

Is your child on any regular prescribed medication or have allergies  Yes  No

If yes, what is the medication and does it impact on your child's learning / participation in School programs?  
\_\_\_\_\_

## PARENT/S DETAILS

### Father / Guardian

Surname: \_\_\_\_\_ Title (Dr/Mr/Other): \_\_\_\_\_

Given names: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: **(only complete if different from child):**  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: **(if different from residential address):** \_\_\_\_\_

Postcode: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Will you be living in the Walla Walla area?  Yes  No If yes please provide details of your visa \_\_\_\_\_

### Mother / Guardian

Surname: \_\_\_\_\_ Title (Dr/Mr/Other): \_\_\_\_\_

Given names: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: **(only complete if different from child):** \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: **(if different from residential address):** \_\_\_\_\_

Postcode: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Will you be living in the Walla Walla area?  Yes  No If yes please provide details of your visa \_\_\_\_\_

**INVOICES**

Person to whom accounts are to be sent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**FAMILY SITUATION**

**The Student resides with:**

- Both parents       Mother       Father       Shared parenting       Other

If natural parents are not living together, please complete and select all applicable options (*this is to help avoid confusion*):

- Parents separated                       Father deceased                       Mother deceased  
 Parents divorced                       Father remarried                       Mother remarried

Who does the School communicate with regarding day to day matters? (more than one box can be ticked)

- Mother               Father               Guardian

Who receives copies of the School reports and other correspondence from the School: (more than one box can be ticked)

- Mother               Father               Guardian

Please list any special circumstances (i.e. Court Orders) of which the School should be aware:

\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SELF REPORT (to be completed by students)**

**Tell us about yourself (eg. hobbies, pets, interests, sports, community)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like to achieve at St Paul's College: (Please note you can find out more about what St Paul's offers on our website)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT DECLARATION

Student's Family Name: \_\_\_\_\_

Student's Given Name: \_\_\_\_\_

- I/We request that the above-named student be registered as an application for enrolment to St Paul's College Walla Walla.
- I/We declare that all relevant information about my/our child has been provided in this support of this application.
- I/We understand that submitting an application is not a guarantee that a place will be offered.
- I/We acknowledge that if an offer of a place is made, I/we will have to enter into an International Student Written Agreement and pay the applicable fees.
- I/We understand that if we do not live in Australia, our child must reside at the school and we will appoint an adult resident in or near Albury as a Guardian.

Signed: (Father or Guardian): \_\_\_\_\_ Signed: (Mother or Guardian): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Passport – Country of Issue: \_\_\_\_\_ Passport – Country of Issue: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

*Signatures of both parents (and all guardians) are normally required. If this is not possible please contact the Enrolments Manager as where only one parent/guardian has signed this application, that person must satisfy the School that he/she is the sole or legal guardian and will be responsible for all fees and charges.*

### TO SUBMIT APPLICATION

Please ensure the following (where applicable) are included with your application:

- Application fee \$200 per child (payable by credit card or direct deposit [please contact the school for account details])
- A passport sized photo
- Copy of Birth Certificate (translated into English)
- Copy of most recent report (translated into English)
- AEAS test results
- Copy of passport and visa details for student and parent(s)
- Any family arrangement documentation (if applicable)
- Any information relevant to the child's education including medical or diagnostic reports, details of medication etc

St Paul's College Walla Walla  
3 Klemke Avenue, WALLA WALLA NSW 2659  
Australia  
Phone: +61 2 6029 2200  
Email: [international.enrolments@stpaulscollege.nsw.edu.au](mailto:international.enrolments@stpaulscollege.nsw.edu.au)  
**CRICOS Provider 03704K**  
[www.stpaulscollege.nsw.edu.au](http://www.stpaulscollege.nsw.edu.au)