

Registration Form International Students (Full Fee Overseas Students)



Student Details

	Surname	Given Names		Preferred Name
Name of Student				
Date of Birth		Citizenship		Country of Birth
Year of Entry	20	Day Student <input type="checkbox"/>	Boarder <input type="checkbox"/>	Entry Level
				PP Year 5 7 8 9 10
Present Level		Present School		
Passport Issuing Country		Passport No.		Visa Number
				Visa Expiry
Under Which type of Visa will you be entering Australia to Study?	Student <input type="checkbox"/> Business <input type="checkbox"/> Other: _____			

Parent/s or Guardian/s Details

	Title	Surname	Given Names	
Name of Father/Guardian				
Home Address				
	Post Code			
Postal Address				
Telephone (h)		Telephone (w)		Mobile
Occupation		Email		
Name of Mother/Guardian		Surname	Given Names	
Home Address				
	Post Code			
Postal Address				
Telephone (h)		Telephone (w)		Mobile
Occupation		Email		
With whom does the student reside?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/>			
Names of siblings who do/will attend St Hilda's				
Name/s and Maiden Name/s and Relationship of Alumni				
				House B DeG F G
How did you hear about St Hilda's?				
Please tell us the main reason for choosing St Hilda's				

Guardianship

St Hilda's requires each International Student to have a guardian who speaks English, is over the age of 21 and resides in Perth.

English Proficiency (this section must be completed)

Language spoken majority of time at home

Languages spoken majority of the time at Primary School

<input type="text"/>	for	<input type="text"/>	years
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Languages spoken majority of the time at High School

<input type="text"/>	for	<input type="text"/>	years
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Date of AEAS Testing

English Test Enclosed

Yes/No

Latest School Report Enclosed

Yes/No

General State of

Health/Wellbeing

Sight

Hearing

Disclosure: Does the student have any special needs or educational requirements? Y N

If 'Yes please enclose details and supporting documentation with this application.

I/we understand that this application does not guarantee that a place will be offered to the applicant and that places are offered pending availability and a successful interview with the Principal or her representative. I/we declare that all information provided herein is true and correct.

Signature

Father/Guardian

Date

Signature

Mother/Guardian

Date

Please return both copies of this form with an application fee of \$100 (incl GST) to PO Box 34, Mosman Park WA 6912.

A copy of the student's birth certificate MUST accompany this application. For students with overseas birth certificates ALSO provide a copy of passport/citizen/visa information to clarify residency status. This registration will not be processed without this documentation.

Please attach a copy of the student's last two school reports/NAPLAN tests if enrolment is requested for within three years of this application.

Payment options

Registration Fee of \$100 AUD for this enrolment can be made via Credit card or Cheque.

Cheques need to be made payable to St Hilda's Anglican School for Girls

For Credit Card payment please enter details below

MasterCard

Visa Card

American Express

Cardholders Name

Card Number

Expiry Date

CCV

Signature

Opportunities for life

Bay View Campus: Bay View Terrace, Mosman Park 6012 Chidley Campus: McCabe Street, Mosman Park 6012

PO Box 34, Mosman Park 6912 t: +61 8 9285 4100 f: +61 8 9285 4124 www.sthildas.wa.edu.au

St Hilda's CRICOS Provider Code 00452E