

Office Use:	Parent Code:	
	Student Code :	



**ST HILDA'S SCHOOL
GOLD COAST**

The Corporation of the Synod of the Diocese of Brisbane trading as St Hilda's School
Registered CRICOS Provider No 00510M

INTERNATIONAL STUDENT APPLICATION

To commence: Grade _____ Term _____ Entry Year _____ Day Student Boarder Homestay

Student Information

Student's Surname _____ Given Names _____
 Preferred Name _____ Date of Birth _____
 Residential Address _____ Postcode _____
 Who will the student live with? _____ Relationship _____
 Current School _____ Country of Birth _____

Visa and Passport Information

Nationality on passport: _____ Passport No: _____ Expiry: _____
 Do you have an Australian Visa? No Yes Visa Expiry _____
 Who will be responsible for the student's welfare (CAAW) while studying on a Student Visa? Parents St Hilda's School Principal
 Do you have current Overseas Student Health Cover (OSHC)? No Yes
 If Yes, please provide name of OSHC provider _____ Membership No. _____ Expiry Date _____
 Do you require St Hilda's School to arrange OSHC? No Yes

English Language Proficiency

Does your daughter speak a language other than English at home? YES/NO If YES, please provide details _____
 For the purpose of assessing possible English as an Additional Language (EAL) support, could you please indicate your daughter's proficiency in English
 Fluent Good Developing Beginners
 Has your daughter undertaken an AEAS, IELTS or other approved English Language Test? Yes No
 If Yes, please provide a copy of the test results which include the name of the test, the score or result and the date of the test.
 Has your daughter studied English at school? No Yes
 If Yes, how many months or years have she studied English? Years: _____ Months: _____

Applications are assessed on the basis of academic records and English language proficiency. Students applying for Years 7 to 11, who do not meet English language requirements for direct entry to St Hilda's School will be required to attend an ELICOS (Intensive English course), as necessary.

Connections with St Hilda's School (or The Southport School)

Have family members attended St Hilda's School or TSS previously, or are other family members presently attending or enrolled to attend, or on staff?
 YES/NO If YES, please provide details (e.g. Name and relationship to your daughter)

Parent/Guardian Information

Parents/ Guardians are Married Separated Divorced DeFacto Deceased _____
Student lives with Both Mother Father Step-.... Guardian

Are there any parenting plans, specific issues orders, consent orders (relating to residence/contact) or care and protection orders in place that affect your daughter? YES/NO If YES, please provide a copy.

Parent 1 / Guardian 1 Surname _____ First Name _____
Residential Address _____ Postcode _____
Postal Address _____ Postcode _____
Email Address _____
Telephone (Home) _____ Telephone (Work) _____
Mobile _____ Occupation _____

Parent 2 / Guardian2 Surname _____ First Name _____
Residential Address _____ Postcode _____
Postal Address _____ Postcode _____
Email Address _____
Telephone (Home) _____ Telephone (Work) _____
Mobile _____ Occupation _____

Australian Guardian Surname _____ First Name _____
Residential Address _____ Postcode _____
Email Address _____ Mobile _____

Education Agent Details

Is there a current Education Agent's Agreement between St Hilda's School and the Agency? Yes No

Name of Agency _____
Migration Agents Registration Authority (**MARA**) / Overseas Education Agent Identification (7 digits) _____
Agent's Name _____
Postal Address _____ Postcode _____
Email Address _____
Telephone _____ Mobile _____

How did you hear about St Hilda's School?

Education Agent Daughter of Old girl Local Resident or Friend Internet search
 Radio Advertising Newspaper Advertising ABSI The Southport School

Student's Profile

The information sought in this section will assist the School to make an informed decision with respect to its ability to meet your daughter's educational needs, including the feasibility of any reasonable adjustments that may be required. Your responses to these questions will be treated in accordance with our confidentiality and privacy policy.

Please advise of any educational support which may be required.

If YES, please identify:

Intellectual (e.g. learning disorders, speech/ language delays)

Behavioural (e.g. ADHD, Autism Spectrum Disorder)

Physical (Asthma, Diabetes, Epilepsy, speech delays)

Social/Emotional

Does your daughter have a medical, congenital or developmental condition that could affect our duty of care? YES / NO

If YES, please provide details below (e.g. date of diagnosis)

State whether your daughter is allergic to ANY substance

Are there any special instructions in relation to school staff administering medical assistance or first aid? (Please specify)

Student's Interests

What are your daughter's interests at school:

Music

Sport

Visual/ Performing Arts

Is there any information you would like us to know about your daughter that will assist us in providing them with a quality education?

Does your daughter have any special achievement you would like to tell us about?

Data Collection

It is a requirement that you complete the following information and the information you provide in completing the Data Collection is asked and collected in accordance with the Education Council's Data Standards Manual: Student background Characteristics.

The nationally comparable data collected is required to:

- monitor and report on progress towards the achievement of national goals and targets at various points of schooling; and
- to provide the evidence base to underpin future policy reforms and improvement.

The reporting of student outcomes data, disaggregated by the agreed student background characteristics, is a standard component of national performance reporting requirements and applies to all government and non-government schools.

The information collected will be used for our required reporting purposes only and not for any other purpose. It will be used and stored in accordance with our Privacy Policy relating to personal information we collect from you. A copy of our Privacy Policy is in the enrolment pack and on our website.

Attachment 1 to this application form is a document titled List of Parental Occupation Groups which require to complete the section below.

Is your daughter Aboriginal or Torres Strait Islander descent? Yes No Aboriginal Torres Strait Island Both

		Mother/ Parent 1 /Guardian 1	Father/ Parent 2 /Guardian 2
What is the highest year of primary or secondary school the parents/guardians have completed?	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
What is the level of the highest qualification the parents/guardians have completed?	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I- IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

What is the occupation group of Mother/ Parent 1/ Guardian 1? What is the occupation group of Father/ Parent 2/ Guardian 2?

Please select the appropriate parental occupation group from the attached list (1, 2, 3 or 4). If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the space above.

Supporting Documentation

Please attach copies of the following documents:

- Daughter's passport
- Daughter's last two (2) school reports, (translated into English and certified as a true and correct copy if necessary)
- AEAS (or IELTS) test results of English language proficiency (see www.aeas.com.au for further information)
- Copy of Parenting Plans, Specific Issues Orders, Consent Orders (relating to residence/ contact) or Care and Protections Orders in place that affect your daughter (if applicable)

Declaration

I/We hereby apply to have the above named student enrolled at St Hilda's School. I/We:

- Understand we will be required to agree to the School's Conditions of Entry of Enrolment, if our daughter is subsequently offered a place at the School and we accept and that receipt of this Application by the School does not constitute admission or guarantee a place for our daughter.
- have declared all relevant information in relation to our daughter and understand that failure to disclose any condition relevant to the School's ability to educate her may result in cancellation of the enrolment and give St Hilda's School permission to contact our daughter's current or previous school and obtain information relating to conduct of our school account
- Understand that St Hilda's School will invoice a Semester Tuition Fee in advance however I/we may pay the fees in full if we wish to before our daughter commences her course but are not required to pay more than the Semester Fee in advance (i.e. 50 percent of the full fee up front)
- I/We agree that images, videos & testimonials of our daughter may be used in School publications (including websites) and for promotional and publicity purposes, unless I notify the School to the contrary in writing.

I/We have read and understood the International Students Policy and Procedures found on the website at <http://files.sthildas.qld.edu.au/wp-content/uploads/2014/09/International-Student-Policies-and-Procedures-14-February-2017.pdf>

Signature of Both Parents Required

Signed by Parent/Guardian 1 Signature Date

Full Name

Signed by Parent/Guardian 2 Signature Date

Full Name

Office Use:	Receipt No and Date:	
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Application Fee

I/We enclose our payment of the **Application Fee of \$275 (including GST)**. I/we understand this fee is to cover administrative costs and is **not refundable** irrespective of the outcome of the application.

* Credit Card: Visa Mastercard American Express Diners Club

Card Number: _____ / _____ / _____ CVV Expiry Date: _____ / _____

Signature of Cardholder _____ Date _____

Name of Cardholder _____

** Please note that St Hilda's School Council recovers the cost of accepting credit card payments directly from the cardholder. All credit card payments received through Smartapay, over the telephone, in person and in writing will incur a fee at the current rate as charged by the cardholder's institution. This will apply throughout the School including the Uniform Shop, the Aquatic Centre and the Accounts Office. It does not apply to donations to the School Building Fund or to other fundraising contributions*

**Please complete and return this form, together with your payment of the Application Fee to
The Head of Admissions, St Hilda's School, PO Box 290, Southport, Qld 4215**

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