



RTO NO. 30526

Trustees of Edmund Rice Education Australia  
Trading as

# ST JAMES COLLEGE

*A Catholic School in the  
Edmund Rice Tradition*



EDMUND RICE EDUCATION  
AUSTRALIA  
CRICOS NO. 00715J

**Address:** 201 Boundary Street  
Spring Hill QLD 4000  
Australia

**Phone:** +61 7 3230 8600

**Fax:** +61 7 3839 3058

**Email:** [international@stjamescollege.qld.edu.au](mailto:international@stjamescollege.qld.edu.au)

## INTERNATIONAL APPLICATION FORM

### DOCUMENTS REQUIRED WHEN SUBMITTING THIS APPLICATION

- Payment Receipt of \$250 AUD Application Fee (application fee is non-refundable). Please see the Payment Slip/Details on page 4 of this application form.
- Reports from home country
- Reports from Australian Language and/or High Schools (if applicable)
- Copy of student's Passport
- Copy of student Visa
- Copy of student's OSHC Card (if applicable)

### STUDENT DETAILS

|                                      |  |                         |  |                    |  |                               |                                 |
|--------------------------------------|--|-------------------------|--|--------------------|--|-------------------------------|---------------------------------|
| <b>SURNAME (USE CAPITAL LETTERS)</b> |  |                         |  |                    |  |                               |                                 |
| <b>FIRST NAME</b>                    |  |                         |  |                    |  |                               |                                 |
| <b>PREFERRED NAME</b>                |  |                         |  | <b>GENDER</b>      |  | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <b>DATE OF BIRTH</b>                 |  | <b>COUNTRY OF BIRTH</b> |  | <b>NATIONALITY</b> |  |                               |                                 |

### COURSE SELECTION

|  |                                      |                                 |                                 |                                 |
|--|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>SECONDARY EDUCATION YEARS 7 – 10</b><br>COURSE CODE: 082489B  | <input type="checkbox"/> TERM 1      | <input type="checkbox"/> TERM 2 | <input type="checkbox"/> TERM 3 | <input type="checkbox"/> TERM 4 |
| <b>SECONDARY EDUCATION YEARS 11 – 12</b><br>COURSE CODE: 007705K | <input type="checkbox"/> TERM 1      | <input type="checkbox"/> TERM 2 | <input type="checkbox"/> TERM 3 | <input type="checkbox"/> TERM 4 |
| <b>SHORT TERM STUDY PROPOSED DATES</b>                           | FROM ___/___/____ UNTIL ___/___/____ |                                 |                                 |                                 |
| <b>WELFARE DATES</b>   | FROM ___/___/____ UNTIL ___/___/____ |                                 |                                 |                                 |
| <b>YEAR LEVEL</b>  |                                      | <b>HOMEROOM</b>                 |                                 |                                 |
| <b>REGISTRATION NUMBER</b>                                       |                                      | <b>STUDENT NUMBER</b>           |                                 |                                 |
| <b>COMMENCEMENT DATE</b>   |                                      | <b>LEAVE DATE</b>               |                                 |                                 |

### PLEASE NOTE

- Failure to disclose all relevant and correct information could result in cancellation of enrolment.
- Application Fee is not refundable in the event of non-acceptance or voluntary cancellation of enrolment.
- For under 18 students, travel to Australia must be arranged to comply with Nominated Welfare Dates (these will be outlined on the Written Agreement – Letter of Offer).
- Students are obliged to keep St James College informed of any changes to contact details.
- A Contact Details Form will be distributed every semester by the college. This must be completed and submitted to the International Department within 2 weeks of receiving the form.

Please note: Completed Application Form is required to be sent with documents listed on this page to [international@stjamescollege.qld.edu.au](mailto:international@stjamescollege.qld.edu.au) or via post to 201 Boundary Street, Spring Hill QLD 4000, Australia.

# STUDENT CONTACT DETAILS IN AUSTRALIA

## CHANGE OF ADDRESS AND CURRENT CONTACT DETAILS

- a. The student is obliged to notify the school of any change of address while enrolled at the School. This is to ensure that any notifications sent to the student advising of visa breaches are sent to the student's current address.
- b. Where St James College has approved the student's welfare and accommodation arrangements, the student requires both the school and the parent's approval for any changes to welfare and accommodation arrangements.
- c. The school is required by law to request confirmation of current address and contact details in writing for each student (and parent or legal guardian if a student is under 18 years of age) at least every six months.

|   |  |                               |                                 |
|---|--|-------------------------------|---------------------------------|
| STUDENT FULL NAME                                       |  |                               |                                 |
| DATE OF BIRTH   |  |                               |                                 |
| COUNTRY OF BIRTH  |  |                               |                                 |
| NATIONALITY   |  |                               |                                 |
| LANGUAGE SPOKEN AT HOME                                 |  |                               |                                 |
| GENDER  |  | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| ADDRESS IN AUSTRALIA                                    |  |                               |                                 |
|   |  |                               |                                 |
|   |  |                               |                                 |
| MOBILE NUMBER   |  |                               |                                 |
| EMAIL ADDRESS   |  |                               |                                 |
| RELIGION  |  |                               |                                 |
| PASSPORT NO.  |  | PASSPORT EXPIRY               |                                 |
| VISA NO.  |  | VISA EXPIRY                   |                                 |
| OSHC FUND NAME & CARD NO.                               |  | OSHC EXPIRY                   |                                 |
| DATE OF ARRIVAL IN AUSTRALIA                            |  |                               |                                 |
| DURATION SPENT IN ENGLISH LANGUAGE CENTRES IN AUSTRALIA |  |                               |                                 |

# PARENT/S CONTACT DETAILS OVERSEAS

|                        |  |  |  |
|------------------------|--|--|--|
| FATHER'S FULL NAME     |  |  |  |
| MOTHER'S FULL NAME     |  |  |  |
| ADDRESS OVERSEAS       |  |  |  |
|                        |  |  |  |
|                        |  |  |  |
| FATHER'S MOBILE NUMBER |  |  |  |
| MOTHER'S MOBILE NUMBER |  |  |  |
| EMAIL ADDRESS          |  |  |  |

# EMERGENCY CONTACT DETAILS IN AUSTRALIA

|                               |  |  |  |
|-------------------------------|--|--|--|
| EMERGENCY CONTACT'S FULL NAME |  |  |  |
| RELATIONSHIP TO STUDENT       |  |  |  |
| ADDRESS IN AUSTRALIA          |  |  |  |
|                               |  |  |  |
| MOBILE NUMBER                 |  |  |  |
| EMAIL ADDRESS                 |  |  |  |

## HOMESTAY CONTACT DETAILS

|                             |  |
|-----------------------------|--|
| HOMESTAY FATHER'S FULL NAME |  |
| HOMESTAY MOTHER'S FULL NAME |  |
| ADDRESS IN AUSTRALIA        |  |
| HOME PHONE                  |  |
| HOMESTAY FATHER'S MOBILE    |  |
| HOMESTAY MOTHER'S MOBILE    |  |
| EMAIL ADDRESS               |  |

## AGENT CONTACT DETAILS

|                  |  |
|------------------|--|
| AGENCY NAME      |  |
| CONTACT PERSON   |  |
| ADDRESS OVERSEAS |  |
| PHONE NUMBER     |  |
| MOBILE NUMBER    |  |
| EMAIL ADDRESS    |  |

**\*\*THESE CONTACT DETAILS ARE COMPULSORY BEFORE APPLICATION CAN PROCEED\*\***

### MEDICAL HISTORY – SPECIAL ASSESSMENTS

| CONDITION / HISTORY                                     | YES / NO | DETAILS / MEDICATION / TREATMENT |
|---|----------|----------------------------------|
| BIRTH CONCERNS  |          |                                  |
| VISION CONCERNS   |          |                                  |
| HEARING CONCERNS  |          |                                  |
| HEAD INJURY   |          |                                  |
| CONVULSIONS   |          |                                  |
| DIABETES  |          |                                  |
| ALLERGIES   |          |                                  |
| TETANUS IMMUNISATION                                    |          | (Year)                           |
| RUBELLA IMMUNISATION                                    |          | (Year)                           |
| MEASLES / MUMPS VACCINATION                             |          | (Year)                           |
| OTHER (PLEASE SPECIFY)                                  |          |                                  |
| SURGERIES/DISORDERS OR RECURRING ILLNESSES, E.G. ASTHMA |          |                                  |

List previous schools attended (list most recent school first and years attended) including language school from the last 3 years.

| START DATE | FINISH DATE | INSTITUTION | LEVEL |
|------------|-------------|-------------|-------|
| 1.         |             |             |       |
| 2.         |             |             |       |
| 3.         |             |             |       |
| 4.         |             |             |       |
| 5.         |             |             |       |

#### PAYMENT BEING MADE BY

- Credit Card (please complete credit card details below).  
 Cheque (please attach a copy to this form).  
 Bank Transfer (see payment instructions below).

#### CREDIT CARD PAYMENT DETAILS

|                                     |                               |                                   |  |
|-------------------------------------|-------------------------------|-----------------------------------|--|
| <b>NAME ON CARD</b>                 |                               |                                   |  |
|                                     |                               |                                   |  |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> Bankcard |  |
| <b>AMOUNT</b>                       | <b>CREDIT CARD NUMBER</b>     | <b>EXPIRY DATE</b>                |  |

#### INSTRUCTIONS FOR BANK TRANSFER

|                       |  |
|-----------------------|--|
| <b>BANK</b>           | Commonwealth Bank of Australia         |
| <b>BRANCH</b>         | 240 Queen Street,<br>Brisbane QLD 4000 |
| <b>BSB</b>            | 064 000                                |
| <b>ACCOUNT NUMBER</b> | 1165 2306                              |
| <b>SWIFT CODE</b>     | CTBAAU2S                               |
| <b>ACCOUNT NAME</b>   | Archdiocesan Development Fund          |

**\*\*Quote Student's full name as Reference when making payment\*\***

Do you give permission for this student to go on minor excursions and sporting ventures organised by the school, i.e. bus travel within a 60km radius of the school or walking within a 2km radius of the school?  Yes  No

Parent/Carer/Agent Signature \_\_\_\_\_

- The student is requesting to live in a homestay  The student wishes to live with a parent/guardian

(Ability of families to provide welfare is subject to Department of Immigration regulations. Please see: <http://www.immi.gov.au/students/students/573-1/eligibility-student-18.htm> for more details).

#### CONSENT

- I consent to receive electronic correspondence from St James College
- I agree to update St James College with any changes to my contact details

|                          |  |             |  |
|--------------------------|--|-------------|--|
| <b>STUDENT SIGNATURE</b> |  | <b>DATE</b> |  |
| <b>PARENT SIGNATURE</b>  |  | <b>DATE</b> |  |