



RTO NO. 30526

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: school@stjamescollege.qld.edu.au

INTERNATIONAL STUDENT APPLICATION FORM

FAMILY NAME (CAPITAL LETTERS)	GIVEN NAME	PREFERRED NAME
DATE OF BIRTH	GENDER	NATIONALITY
Select Course and Approximate Dates		
Course	Preferred Start Date + Year Level if applicable	Intended Finish Date
Secondary Education Years 7 – 10 Course Code – 082489B		
Secondary Education Years 11 – 12 Course Code – 007705K		
Short Term Study		
Referred by – Agent / Direct	Name:	Contact Number:
Documents Required when Submitting this Application: <input type="checkbox"/> Payment Receipt of \$250 AUD Application Fee (Application fee is non-refundable. <i>(Payment Slip/Details on page 4 of this application form)</i>) <input type="checkbox"/> Reports from home country <input type="checkbox"/> Reports (if applicable) from Australian Language and/or high schools <input type="checkbox"/> Copy Passport & Visa <input type="checkbox"/> Copy OSHC Card (if applicable)	Office Use Only	
	Date Received: _____ Signed: _____ Offer to be made: Yes No Signed: _____	
Office Use Only		
FAMILY NAME (CAPITAL LETTERS)	GIVEN NAME	PREFERRED NAME
DATE OF BIRTH	STUDENT NUMBER	HOMEROOM
REGISTER DATE	COMMENCEMENT DATE	LEFT DATE
NOMINATED WELFARE DATES	FROM:	TO:

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 payment.
- For Under 18 students, travel to Australia must be arranged to comply with Nominated Welfare Dates (these will be outlined on Letter of Offer – Written Agreement B)
- Students are obliged to keep St James College informed of any changes to contact details.
- A Confirmation of Details form will be distributed every semester by the college. This must be completed and submitted to college office by the student.

STUDENT DETAILS

Student's Current Home Address in Australia	Suburb:		Postcode:	
Date of Birth		Country of Birth		
Student's Mobile No.		Student's Email Address		
Gender	Male / Female	Residency	Temporary / Permanent	
Duration Time Spent in Schools/Language Centres in Australia		Date of arrival in Australia		
Current/Last Year Level Studied		Language Spoken at Home		Religion

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

	Start Date	Finish Date	School	Level
1.				
2.				
3.				
4.				
5.				
Experience with English (see website for levels required for each year level)				
Detail				
IELTS		ISLPR		
Other				

Official Documents

Passport Number		Passport Expiry Date		
Visa Number		Visa Expiry Date	Visa Sub Class	
OSHC Fund		OSHC Card Number	OSHC Expiry Date	

Emergency /Next of Kin Contacts in Australia (the must be kept up-to-date)

Name	Contact Number	Relationship to Student
Doctor's Name	Contact Number	Address

OVERSEAS CONTACT DETAILS

PARENT'S FULL NAME		OVERSEAS ADDRESS	
Father**		Overseas Address in English	
Mother**		Overseas Address in English	
I consent to receive electronic correspondence from St James College		Signature	
I agree to update St James College with any changes to my contact details		Signature	
Change of address and current contact details		Telephone Number	
<p>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.</p> <p>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.</p> <p>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.</p>		Mobile Number	
		Facsimile	
		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		

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)

CONFIDENTIAL PARENT/GUARDIAN/AGENT DETAILS

	Parent/Guardian/Homestay In Australia Residing with Applicant	Parent/Guardian/Homestay In Australia Residing with Applicant	Agent Details Not Residing with Applicant
Title (e.g. Mr/Mrs/Ms)			
Surname			
First Name			
Relationship to Applicant			
Address			
Home Phone			
Work Phone			
Mobile Number			
Email Address			
Person Responsible for Payment of Accounts			
Billing Address			

Please note: Completed Application Form is required to be sent with documents listed on page 1 to:

- international@stjamescollege.qld.edu.au or
- 201 Boundary Street
Spring Hill QLD 4000
Australia

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

Name on card					
<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa		<input type="checkbox"/> Bankcard	
Amount		Credit Card Number		Expiry Date	

INSTRUCTIONS FOR BANK TRANSFER

Bank	Commonwealth Bank of Australia
Branch	240 Queen Street, Brisbane QLD 4000
BSB	064 000
Account Number	1165 2306
Account Name	Archdiocesan Development Fund

QUOTE STUDENT'S FULL NAME AS REFERENCE WHEN MAKING PAYMENT