

# APPLICATION FOR ENROLMENT

## OVERSEAS STUDENTS

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## FAMILY DETAILS

	MOTHER	FATHER
TITLE (e.g. Mr, Mrs, Dr)	<input type="text"/>	<input type="text"/>
SURNAME	<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>	<input type="text"/>
HOME ADDRESS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	POSTCODE	POSTCODE
WORK PHONE	<input type="text"/>	<input type="text"/>
HOME PHONE	<input type="text"/>	<input type="text"/>
MOBILE PHONE	<input type="text"/>	<input type="text"/>
EMAIL	<input type="text"/>	<input type="text"/>
LANGUAGE/S SPOKEN AT HOME	<input type="text"/>	<input type="text"/>
STUDENT/S LIVE WITH (Please tick)	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER	IF OTHER, PLEASE SPECIFY <input type="text"/>
COURT ORDERS/ PARENTING PLANS (Documentation required)	<input type="checkbox"/> N <input type="checkbox"/> Y	IF YES, PLEASE SPECIFY <input type="text"/>
CHILDREN NOT ENROLLING	CURRENT AGE	CURRENT SCHOOL (If applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL NAME		
<input type="text"/>		
FULL NAME		

## STUDENT CARER DETAILS (COMPLETE ALL THAT APPLY)

A NOMINATED GUARDIAN IS REQUIRED IF THE STUDENT IS LIVING WITH A HOME STAY FAMILY.

	DIAC APPROVED RELATIVE   HOME STAY FAMILY	NOMINATED GUARDIAN
FULL NAME	<input type="text"/>	<input type="text"/>
HOME ADDRESS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	POSTCODE	POSTCODE
WORK PHONE	<input type="text"/>	<input type="text"/>
HOME PHONE	<input type="text"/>	<input type="text"/>
MOBILE PHONE	<input type="text"/>	<input type="text"/>
EMAIL	<input type="text"/>	<input type="text"/>
RELATIONSHIP TO STUDENT/S	<input type="text"/>	<input type="text"/>
DRIVERS LICENCE NUMBER	<input type="text"/>	<input type="text"/>
VISA STATUS (Please tick)	<input type="checkbox"/> AUSTRALIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> TEMPORARY RESIDENT <input type="checkbox"/> GUARDIAN VISA	<input type="checkbox"/> AUSTRALIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> TEMPORARY RESIDENT <input type="checkbox"/> GUARDIAN VISA
PASSPORT DETAILS	PASSPORT NUMBER <input type="text"/> EXPIRY DATE <input type="text"/>	PASSPORT NUMBER <input type="text"/> EXPIRY DATE <input type="text"/>
	COUNTRY OF ISSUE <input type="text"/>	COUNTRY OF ISSUE <input type="text"/>
STUDENT/S WILL RESIDE WITH	<input type="text"/>	

## ENROLLING STUDENT DETAILS

SURNAME	<input type="text"/>												
GIVEN NAMES	<input type="text"/>												
PREFERRED NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>			
MOBILE PHONE	<input type="text"/>	<input type="text"/>	HOME PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
EMAIL	<input type="text"/>						LANGUAGE/SPOKEN AT HOME	<input type="text"/>					
COUNTRY OF BIRTH	<input type="text"/>						NATIONALITY	<input type="text"/>					
RESIDENTIAL ADDRESS IN HOME COUNTRY	<input type="text"/>						RESIDENTIAL ADDRESS IN AUSTRALIA	<input type="text"/>					
	POSTCODE							POSTCODE					
PASSPORT DETAILS	PASSPORT NUMBER				EXPIRY DATE				COUNTRY OF ISSUE				
VISA TYPE (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISA EXPIRY DATE				<input type="text"/>	<input type="text"/>	<input type="text"/>		

## OVERSEAS STUDENT HEALTH COVER (OSHC)

DOES STUDENT HAVE OSCH? (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	OSHC FUND NAME	<input type="text"/>									
OSHC MEMBERSHIP NUMBER	<input type="text"/>						OSHC EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

## EDUCATION DETAILS

ACADEMIC COMMENCEMENT YEAR	<input type="text"/>						CALENDAR COMMENCEMENT YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>				
IS THE STUDENT CURRENTLY ENROLLED WITH ANOTHER EDUCATION PROVIDER OR ATTENDING ANOTHER EDUCATIONAL INSTITUTION IN AUSTRALIA? (Please tick)	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>
NAME OF INSTITUTION/ EDUCATION PROVIDER	<input type="text"/>													
LEVEL/ ACADEMIC YEAR	<input type="text"/>	ENROLMENT DATE	<input type="text"/>	<input type="text"/>	COURSE COMPLETION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

## SPECIAL NEEDS AND CONSIDERATIONS

PLEASE LIST MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS AND INCLUDE REPORTS WHERE POSSIBLE. (EG SPECIAL GIFTS OR TALENTS, SPEECH PATHOLOGY, PSYCHOLOGIST, ASTHMA, ALLERGIES, ADHD, DIABETES ETC)

<input type="text"/>
<input type="text"/>
<input type="text"/>

## CORRESPONDENCE

SEND REPORTS TO (Please tick all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEND FEES ACCOUNTS TO (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## OTHER INFORMATION

CHURCH CURRENTLY ATTENDING  
(If applicable)  
HOW DID YOU HEAR ABOUT THE COLLEGE  
(Please tick)

INTERNET	FRIENDS	AGENT NAME OF AGENT	IF OTHER, PLEASE SPECIFY

## APPLICATION FEE

Please complete the following section for payment of the AUD \$500 non-refundable application fee to cover administration costs. Cash payments are to be made physically in the office - do not post cash.

PAYING BY (Please tick)	CASH	MASTERCARD	VISA	AMOUNT PAID	\$AUD
CARD DETAILS					EXPIRY DATE
					M M Y Y
					DATE
					D D M M Y Y
	NAME ON CARD		SIGNATURE		

## DECLARATION

- I/We have read the Conditions of Enrolment, Privacy Statement and Statement of Faith found on the College website, and if enrolled would agree to comply with and support the contents and requirements of each.
- I/We have read the Fee Schedule and Uniform Price List found on the College website, and confirm my/our ability to meet my/our commitment regarding the payment of fees and the purchase of uniform.
- I/We give permission for a representative of Norwest Christian College to contact my child/ren's previous school/s for the purpose of obtaining additional information about him/her/them.
- I/We have enclosed copies of all relevant documentation to support this application.
- I/We have enclosed our application fee.
- I/We declare that all information provided in this application is true and correct.

MOTHER	SIGNATURE	DATE	D	D	M	M	Y	Y
FATHER	SIGNATURE	DATE	D	D	M	M	Y	Y

## NEXT STEPS

- Once we have received your completed application form, along with all required attachments (see checklist below), it will be reviewed and assessed by our Enrolment Committee to ensure the student's English proficiency, qualifications and experience are appropriate for the course. We will contact you with the result of your application.
- If your application progresses, we will arrange an over-the-phone interview with the Principal, and if you are already in Australia, give you and your family a tour of the College. Following the interview, if your application is successful a Letter of Offer will be sent to you. We will contact you if your application is unsuccessful.
- Once we receive your Acceptance of Enrolment and the enrolment fee has been paid, you will be notified of commencement dates, orientation days, uniform fittings, and other pertinent details which will assist your child's transition into the College community. Prior to your child commencing, you will need to submit a bond payment and a pay one full year's fees in advance as stated in the Overseas Student Fee Schedule.  
Please see our website for a more detailed enrolment process.

## CHECKLIST

WE HAVE ENCLOSED A COPY OF: (Please tick all that apply)

STUDENT'S PASSPORT & VISA	LATEST SCHOOL REPORTS	SPECIALIST REPORTS	PARENTING PLANS/ COURT ORDERS
STUDENT'S IMMUNISATION CERTIFICATE	AEAS TEST RESULTS	ELICOS REPORTS	DIAC APPROVED FAMILY CENSUS DOCUMENTATION

Please return this completed form with attachments to:

**THE STUDENT ENROLMENT MANAGER  
NORWEST CHRISTIAN COLLEGE  
PO BOX 6335  
ROUSE HILL TOWN CENTRE NSW 2155  
AUSTRALIA**

OFFICE USE ONLY	DATE RECEIVED	SURNAME	ACADEMIC YEAR/S	CALENDAR YEAR/S
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