



# INTERNATIONAL STUDENT APPLICATION FORM

Trustees of Edmund Rice Education Australia, trading as St Laurence's College.

ABN 96 372 268 340

Commonwealth Register of Institutions & Courses for Overseas Students (CRICOS).

Provider NO 00972C

## PERSONAL INFORMATION

Student's Family Name:	
Student's First Name:	
Student's English Name:	
Date of Birth (DD/MM/YYYY):	
Student's Email:	
Student's Mobile:	
Student's Passport Number:	
Student's Nationality on Passport:	
Religion	

## PARENT DETAILS

Father's Full Name:	
Occupation:	
Father's Email Address:	
Father's Business Number	
Father's Personal Mobile:	
Mother's Full Name:	
Occupation:	
Mother's Email Address:	
Mother's Business Number	
Mother's Personal Mobile:	

## SIBLING DETAILS

Full Name:		Age:		Gender:	
Full Name:		Age:		Gender:	

## ADDRESS IN HOME COUNTRY

Address:	
Country:	
Postcode / ZIP:	
Telephone (inc. Country Code):	
Fax (inc. Country Code):	

St Laurence's College 82 Stephen's Road, South Brisbane QLD 4101

Phone: 07 3010 1111 Fax: 07 3010 1188 Email: [slc@slc.qld.edu.au](mailto:slc@slc.qld.edu.au) Website: [www.slc.qld.edu.au](http://www.slc.qld.edu.au)

## EDUCATION

Please attach a certified copy of your last two years' academic records translated into English.

Name of School:			
Year Level:			
Month/Year started:			
Month/Year completed:			
Country:			
Have you completed an English Language course?  If yes, please provide details.	Yes      No	Where:	
		When:	
		Result:	
If no, you will be required to provide proof of English proficiency or enrol yourself in an English Language course.			
Proposed start date:		English Language School:	
Proof of English Language proficiency attached:	Yes                      No		

## PROPOSED START DATE

Proposed School Term:	January	April	July	October	
Proposed School Start Year:	Year 7	Year 8	Year 9	Year 10	Year 11

## ACCOMODATION IN AUSTRALIA

Please provide details about your accomodation details while in Australia.

I will live with a homestay family:	Yes	No	I will live with my parent:	Yes	No
Other (please provide details):					
Name:					
Address:					
Telephone:					
Relationship:					

## HOMESTAY

If you require a homestay, please complete the details below. St Laurence's College will arrange this for you.

Homestay start date:		Homestay end date:	
Would you live with someone with a different religion to you?			
Would you live with a family with children?			
Are you a smoker?			
Would you live with a family who has a smoker?			
Would you live with a family who has pets?			
Do you have any allergies? If yes, please detail:			
Dietary requirements:			
How would you describe your personality? (shy, talkative, easygoing etc.)			

## ACTIVITIES

Are there any activities that you enjoy and would like to pursue in Australia? Please tick boxes below.

Badminton:		Baseball:		Basketball		Cycling:		Camping:		Fishing:	
Hiking:		Horse riding:		Ice skating:		Judo:		Karate:		Rugby:	
Karate:		Soccer:		Table tennis:		Volleyball:		Swimming:		Dancing:	
Drama:		Music:		Painting:		Photography:		Cinema:		Playing an instrument:	
Type of Instrument:								Other:			

## MEDICAL INFORMATION

To be completed by Parent/Guardian

### Emergency contact details (Contact must be English speaker)

Name:		Telephone:	
Mobile		Relationship:	

### Medical Form

<b>Competent Swimmer:</b> A competent swimmer is someone who can swim 50m unaided.	Yes	No	<b>Can pain killers be provided:</b> (Paracetamol, Ibuprofen etc.)	Yes	No
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### Condition

### Other details

<b>Allergies</b> If yes, please provide details, treatment plan and medication required.	Yes	No	<b>Allergen:</b> _____ <b>Severity:</b> _____ <b>EpiPen carried:</b> Yes      No <b>Treatment Plan attached:</b> Yes      No		
<b>Asthma</b> If yes, please provide details, Asthma Management Plan and medication required.	Yes	No	<b>Medication carried:</b> Yes      No <b>Treatment Plan attached:</b> Yes      No		
<b>Diabetes</b> If yes, please provide details, treatment plan and medication required.	Yes	No	<b>Medication carried:</b> Yes      No <b>Treatment Plan attached:</b> Yes      No		
<b>Epilepsy</b> If yes, please provide details, treatment plan and medication required.	Yes	No	<b>Medication carried:</b> Yes      No <b>Treatment Plan attached:</b> Yes      No		
<b>Other Medical Conditions/ Important Information</b> (including details of medication taken)  Please attached additional sheet(s), as required.	Yes	No	Details: _____ _____		
<b>Recent Major Illness or Injury</b> Including: major illness, Surgery or broken bones within the last 2 years	Yes	No	Details: _____ _____		

Please provide information regarding any disabilities or impairment which has been diagnosed and/or which may impact on your son's progress at school.

Details:

Please attach any reports, management plans or treatment regimes.  
 This information is part of the enrolment process and St Laurence's College will appreciate updates from that time.

## IMMUNISATION

Has your son been sufficiently immunised against the following?

Tetanus:	Yes	No	Details:	
Triple Antigen:	Yes	No	Details:	
Oral Sabin:	Yes	No	Details:	
Measles/Mumps/Rubella:	Yes	No	Details:	
Hepatitis B:	Yes	No	Details:	
Hepatitis A and B:	Yes	No	Details:	

I, (Print name) \_\_\_\_\_ being the parent / guardian of the above student hereby acknowledge that the above information is correct and also authorise SLC staff and any authorised personnel to administer First Aid that they judge necessary and to seek other emergency or medical assistance if require.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## MEDICAL RELEASE

By signing this form, you consent to any X-Ray examinations, anaesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under general supervision by any licensed physician or surgeon. Please note that St Laurence's College use ISCA as the homestay service provider. Information regarding ISCA is available on the ISCA website: <http://www.isca.net.au/home>

### PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have read, understood and agree to the terms and conditions stated in this document.
2. I have provided accurate and complete information. I understand that my enrolment may be cancelled if any information I have provided is deliberately false, incomplete or misleading.
3. I confirm that the medical information I have provided on this form is complete and accurate. I understand and agree to not hold St Laurence's College liable for any event/ injury/ illness resulting from any misleading or incomplete information provided by me on this form.
4. I agree to pay all fees in advance as and when they become due. I understand that my enrolment may be cancelled by St Laurence's College for non-payment of fees.
5. I understand that I am required to live in St Laurence's College approved accommodation at all times, for the duration of study. I agree to pay all fees associated with my homestay.
6. I have read, understood and agree to the Refund Policy of St Laurence's College
7. I understand and agree to waive and release St Laurence's College, homestay families and homestay service providers (ISCA) for any personal injury, accident, illness, death, loss or damage suffered by my son, howsoever caused, for the duration of their program.
8. I am responsible for arranging my own Visa and Overseas Student Health Cover which must remain valid for the duration of my enrolment.

Signed (student): \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signed (parent/guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Please visit the [International Students page](#) of the College website to view the following documents:

- Refund Policy
- Course Progress and Attendance Policy
- Accommodation and Welfare Policy

Please attach the following documents:

- Copy of Passport
- Copy of previous two years of school reports
- Copy of English Proficiency levels (if available)