# LOURDES HILL COLLEGE
## INTERNATIONAL EDUCATION

## APPLICATION FOR ENROLMENT – INTERNATIONAL STUDENTS

**Entry Year Level (5, 6, 7, 8, 9, 10, 11 or 12)** ____ **in 20** ____ **until graduation OR for** ____ **terms**

| **STUDENT DETAILS:** | | | |
|---|---|---|---|
| **Family Name:** | | | |
| **Given Name(s):** | | **Preferred Name:** | |
| **Home Address:** | | | |
| **E-Mail Address:** | | | |
| **Date of Birth:** | | **Religion:** | |
| **Birth Country:** | | **Nationality:** | |
| **Passport No:** | | **Passport Expiry:** | |
| **Date of Arrival in Australia (if known):** | | | |
| **Current School:** | | **Year Level:** | |

| **PARENT – FATHER:** | | | |
|---|---|---|---|
| **Family Name:** | | | |
| **Given Name(s):** | | **Preferred Name:** | |
| **Address:** | | | |
| **Home Phone:** | | **Mobile Phone:** | |
| **Work Phone:** | | **Fax Number:** | |
| **E-Mail Address:** | | | |
| **Occupation:** | | | |

| **PARENT – MOTHER:** | | | |
|---|---|---|---|
| **Family:** | | | |
| **Given Name(s):** | | **Preferred Name:** | |
| **Address:** | | | |
| **Home Phone:** | | **Mobile Phone:** | |
| **Work Phone:** | | **Fax Number:** | |
| **E-Mail Address:** | | | |
| **Occupation:** | | | |



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ABN 84 010 639 460 | A Company Limited by Guarantee | CRICOS Provider Code 00503k

| EMERGENCY CONTACT: *(should be able to speak English, and be available if parents cannot be contacted)* | |
|---|---|
| **Name:** | |
| **Relationship to Student:** | |
| **Home Address:** | |
| **Home Phone:** | |
| **Mobile Phone:** | |
| **E-Mail Address:** | |

| FAMILY INFORMATION (Please tick relevant boxes) | | | | | | |
|---|---|---|---|---|---|---|
| **Are the parents separated?*** | | | **Yes** | | **No** | |
| **If 'Yes' who has legal custody?** | **Mother** | | **Father** | | **Other** | |
| **If 'Yes' do you consent to joint mailing of reports/ correspondence?** | | | **Yes** | | **No** | |
| **If 'Other' please give name(s) of Legal Guardian(s) of student:** | | | | | | |
| **Are the parents deceased:** | | | **Mother** | Y / N | **Father** | Y / N |

***NB: A copy of any Family Court Orders, Parent Agreements and/or Restraining/Violence Orders MUST be attached.***

| MAILING ADDRESS – FOR COLLEGE ACCOUNTS (if different to home address): | |
|---|---|
| **Mailing Address:** | |
| **Email address:** | |

| AGENT DETAILS: | | | |
|---|---|---|---|
| **Name of Agency:** | | | |
| **Agent Name:** | | **Preferred Name:** | |
| **Address:** | | | |
| **Work Phone:** | | **Mobile Phone:** | |
| **Fax Number:** | | **Email Address:** | |
| **Agent Website:** | | | |
| **ABN:** | | **MARN** (if applicable)**:** | |

| ACCOMMODATION AND WELFARE (Please tick relevant box) | |
|---|---|
| **The student will live with a Department of Home Affairs approved relative (via Form 157N).** *(please provide name, relationship, and proposed residential address)* | |
| **The student requires Lourdes Hill College to hold welfare and arrange accommodation.** *(please complete ISCA Homestay Application form and submit with this application)* | |
| **A parent will be applying for a Guardian visa (subclass 590)** *(please provide details below)* | |
| **Other arrangements not listed above** *(please provide details below)* | |
| | |

## STUDENT MEDICAL HISTORY:

| | | | |
|---|---|---|---|
| Vision Concerns | Yes/No | Pre-Natal concerns | Yes/No |
| Hearing Concerns and/or Auditory Processing Difficulties | Yes/No | Birth Concerns | Yes/No |
| Epilepsy | Yes/No | Postnatal Concerns | Yes/No |
| Attention Deficit Disorder | Yes/No | Ear Infection and/or Grommets | Yes/No |
| Heart Problems | Yes/No | Asthma | Yes/No |
| Allergies | Yes/No | Head Injury | Yes/No |
| Headaches | Yes/No | Convulsions/Febrile Convulsions | Yes/No |
| Frequent Colds | Yes/No | Stomach Complaints | Yes/No |
| Knocked Unconscious | Yes/No | Diabetes | Yes/No |
| Phobias | Yes/No | Other serious diseases/surgery/disorders/recurring illnesses/mental health diagnoses or conditions, etc | Yes/No |
| History of Depression/Anxiety/ Self-Harm/Disordered Eating, etc | Yes/No | | |

**If yes to any of the above, please attach details about these conditions**

**List any medication which your daughter is taking regularly:**

## APPLICANT STATEMENTS

**Which of the following factors influenced your choice of Lourdes Hill College as a suitable school for your daughter? Please rank, in order of priority, at least four of the following:**

| | | | |
|---|---|---|---|
| Academic standards | | Private school | |
| Firm discipline | | Girl's school | |
| Education in Catholic faith | | Extension of family faith | |
| Quality of International Program | | Recommendation from current/past student | |

Why have you chosen to apply for enrolment at Lourdes Hill College?

How does study at Lourdes Hill College support your daughter's future educational and career aspirations?

In what way do you (student applicant) plan to engage with College life and culture outside of the classroom?

## PRIVACY NOTICE

1. The College collects personal information, including sensitive information, about students and parents or guardians before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide Catholic Schooling for your daughter.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care and to comply with Public Health and Child Protection Laws.
3. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act Amendment Act 2000. We ask you to provide and to update as appropriate information which is relevant to the health and wellbeing of the student.
4. The College from time to time discloses personal and sensitive information to others for administrative, educational or safety purposes.This includes to other schools, government departments, system education offices, your local church, medical practitioners, Parents and Friends Association and people providing services to the College, including specialist visiting teachers, sport coaches and volunteers.
5. Failure to supply complete and accurate information referred to above will place both initial and ongoing enrolment of your child at risk.
6. Parents may seek access to personal information collected about them and their daughter by contacting the College in writing. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
7. I/We have made full and frank disclosure of all information requested by the College in the Enrolment Form and are aware of our continuing obligations to keep the College informed of any changes which may affect the applicants wellbeing or progress at the College.
8. Please note: Full and Frank disclosure is required. Any failure may negate the initial or on-going enrolment of your student at the College. The obligation to supply information that may affect your student in her College life, is ongoing.

## APPLICATION FEE

Please attach evidence of payment of the **AUD$250** International Education Application Fee (to be applied as a credit against first semester of non-tuition fees upon acceptance of enrolment):

| | | | |
|---|---|---|---|
| **Bank Name** | National Australia Bank | **SWIFT Code** | NATAAU3302S |
| **Account Name** | Lourdes Hill College | **BSB** 084-009 | **Account** 02-7550256 |
| **Branch Address:** | 414 George Street, Brisbane, Queensland, 4000 Australia | | |
| **Reference:** | "INTED" and the student's family name. For example, "INTED Smith" | | |

Alternatively, telephone the College's Finance Officer on +61 (0)7 3399 0408 to pay via credit card.

## APPLICATION CHECKLIST

**Documents to submit with this application:** ***(all documents to be in English or with English translation)***

| | |
|---|---|
| • Student passport page with photograph and all information (if current) | ☐ |
| • Parent passport pages with photograph and all information **or** other official photographic ID | ☐ |
| • Student birth certificate or extract of family register | ☐ |
| • Last two (2) years of most recent academic reports | ☐ |
| • Written reference regarding behaviour/conduct and academic application from current school (if not referenced in academic reports) | ☐ |
| • English proficiency test results **or** initial assessment and PSP/HSP offer from ELICOS provider | ☐ |
| • Any additional information that would help us to assess the student's enrolment suitability (e.g. awards, qualifications, academic, cultural, or sporting prizes, etc | ☐ |
| • Homestay Application (if requesting homestay placement) | ☐ |
| • Transfer receipt or evidence of payment of the AUD$250 International Education Application Fee (to be applied as a credit against first semester of non-tuition fees upon acceptance of enrolment: | ☐ |

We understand the conditions of a 500-class visa relating to maintaining attendance, academic progress, and welfare for students under the age of 18. ☐

We have reviewed the College's international education policies (located on the College website under International Education). ☐

**Signature(s) of Parent(s)/Guardians:**

| | |
|---|---|
| Signed (parent/legal guardian) | Date: |

| | |
|---|---|
| Signed (parent/legal guardian) | Date: |

# LOURDES HILL COLLEGE
# CONSENT FORM

## TO WHOM IT MAY CONCERN

We hereby authorise the Principal or the Head of International Education of Lourdes Hill College to obtain from the Principal of

……..……

*(Name of student's current school)*

any information or copies of reports concerning

……..……

*(Name of student)*

that will assist with the enrolment process at Lourdes Hill College.

| Signed (parent/legal guardian) | Date: |
|---|---|
| Name | Relationship to student |

| Signed (parent/legal guardian) | Date: |
|---|---|
| Name | Relationship to student |

**Please forward all correspondence to the Head of International Education**

**inted@lhc.qld.edu.au**