



APPLICATION FOR ADMISSION

Student Family Name: _____ Given Name: _____

Nationality: _____ Date of Birth: _____
Day / month / year

Contact Address (for person handling this application) _____ _____ Telephone: Day _____ Night _____ Fax _____ Email: _____

STUDENT INFORMATION

What language do you usually speak? _____

What year level are you currently studying? _____

How long have you been studying English? _____

What level of study are you applying for? _____

When do you wish to start? (month / year) _____

When do you wish to finish? (month / year) _____

Which subjects do you wish to study? (Write them in the order you prefer)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | |

HEALTH

Do you have any special needs that limit your ability to safeguard your personal welfare? No Yes

Signature of Father/Mother: _____

Please attach here a recent photograph of yourself	Full name of parent signing this form: _____
	Home Address: _____

	Phone: _____
Email: _____	

I am also sending:

- a copy of my latest school reports and any examination results
- a testimonial relating to my character and suitability for study overseas
- verification of purchase of health insurance

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>