



The Maronite Sisters of the Holy Family trading as

# SAINT MAROUN'S COLLEGE

ABN: 45 424 360 064

An independent Catholic co-educational college in the Maronite tradition,  
committed to excellence in education, friendship, faith and honesty.

## INTERNATIONAL STUDENT APPLICATION FORM

All fields must be completed using **BLOCK LETTERS**. Please tick (✓) boxes where appropriate.

Applicants must include a **CERTIFIED COPY** of the following documents:

- Birth Certificate or Family Register
- Student Passport and Parent/Guardian Passport
- Student Visa (E-Visa/ Passport visa page)
- Parent/Guardian Driver's License and/or National Identity Card
- Baptismal Certificate/Religious documentation
- Police Check of Guardian (*Name and date of birth check only*)
- Academic Records
- Overseas Student Health Cover (OSHC) card
- Administration Fee of \$300.00 (*non – refundable upon submission of application form*)

Please refer to the *St. Maroun's College International Student Handbook* for all policies and procedures on College website.

### ENROLMENT DETAILS

Courses: Primary School  Kindergarten  Year 1  Year 2  Year 3  Year 4  Year 5  Year 6  
Junior Secondary School  Year 7  Year 8  Year 9  Year 10  
Senior Secondary School  Year 11  Year 12

Intended Start Date:  Term 1  Term 2  Term 3  Term 4 Years: 2014 - \_\_\_\_\_

Do you wish to attend an *ELICOS High School Preparation* course prior to enrolment?\*  Yes  No

*\*ELICOS High School Preparation courses are offer by an external CRICOS Provider. It is NOT a compulsory requirement for enrolment. Additional costs do apply.*

Have you completed any English Intensive Language Course or Private ELICOS College?\* *\*Please provide documentation*

### STUDENT DETAILS

Family Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

*It is a condition of enrolment that any change to students' personal details (change of address, guardianship and/or emergency contact) is immediately notified to the College in writing within **three (3) business days**. Failure to do so may result in the cancellation of enrolment and may have an adverse affect on their Visa.*

**CRICOS 03333K**

**Address: 194 Wardell Road, Dulwich Hill NSW Australia 2203**

**T: 61 2 9559 2434 F: 61 2 9558 8806**

**E: internationals@stmarouns.nsw.edu.au W: www.stmarouns.nsw.edu.au**

## ARRIVAL / VISA DETAILS

Intended arrival into Australia: \_\_\_\_\_ Flight Details: \_\_\_\_\_

Do you require transport from the airport?  Yes  No

Passport No.: \_\_\_\_\_ Country of Issue: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Do you have a current Australian (DIBP approved) VISA?  Yes  No

Visa type:  571 Student Expiry Date: \_\_\_\_\_

Temporary Resident Visa Class/ Sub Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Permanent Resident Visa Class/ Sub Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Other \_\_\_\_\_

Are you applying for a Visa?  Yes  No

Which **DIBP Visa Office** will you submit your Visa application? Country: \_\_\_\_\_ City: \_\_\_\_\_

Do you require a **CAAW** from St. Maroun's College?  Yes  No

Do you require St. Maroun's College to arrange a **Guardian** for the student?  Yes  No

Do you require St. Maroun's College to arrange a **Homestay**?  Yes  No

*\*St. Maroun's College uses an external organisation for Guardian and Homestay placement. Additional cost incurred.*

Preferred mailing address for correspondence relating to the student:  Parent  Guardian  Agent

## PARENTAL DETAILS

### FATHER

Title : \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

### MOTHER

Title : \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Which method of communication would you prefer?  Telephone  Email  Mail  Skype

Do you require an English Translator?  Yes  No

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## EMERGENCY CONTACT

Please nominate a person (over 21 years of age) that may be contacted in the event of an emergency if the guardian and/or parent/s cannot be contacted.

Family Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

## ACCOMMODATION AND WELFARE

It is a condition of enrolment that ALL international students under 18 years of age and/or older must have appropriate accommodation and welfare arrangements for the period of study in Australia approved by the College.

Parents must nominate ONE (1) of the following accommodation and welfare arrangements:

- An approved Department of Immigration and Citizenship (DIAC) relative to provide accommodation and welfare.  
*\*Compulsory option for students applying for Kindergarten to Year 6.*
- A nominated person over 21 years of age residing in NSW to provide accommodation and welfare. I request that St. Maroun's College approves these arrangements as the welfare provider. *\*Only available for students in Years 7 to 12.*
- St. Maroun's College to arrange accommodation, welfare and airport reception in an approved homestay.  
*\*Only available for students in Year 7 to Year 12. An additional cost incurred.*

## GUARDIAN DETAILS

First Name/s: \_\_\_\_\_ Family Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Country of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Religion: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_ Translator Required: Y / N

Are you the legal guardian of the student wishing to enrol at the College? \_\_\_\_\_

Will the student be residing at your home address?\*  YES  NO\* *\*If 'NO' please complete homestay details below.*

## HOMESTAY DETAILS

Homestay carers must complete a POLICE CHECK and maintain a satisfactory condition of living for the student. Please refer to the 'Requirements of Homestay Carer' in the International Student Handbook.

First Name/s: \_\_\_\_\_ Family Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Country of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Religion: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_ Translator Required: Y / N

Residency type:  House  Unit/Apartment  town house No. of people residing on the premises: \_\_\_\_\_

Homestay Company Name: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Do you agree to have regular home inspections?  YES  NO

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## MEDICAL DETAILS

*It is a condition of enrolment that all international students have a valid Overseas Student Health Cover (OSHC) for the length of their Visa.*

Do you have Overseas Student Health Cover (OSHC)?  YES  NO\*

Health Fund: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\*If 'NO' would you like St Maroun's College to arrange OSHC?  YES\*  NO \*Additional cost incurred.

Which Cover would like to apply for?  Single  Couple  Family

Do you have a Medicare Card?  Yes  No

Medicare Number: \_\_\_\_\_ Title/Number/Position: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Does the student have any disabilities or medical conditions?  Yes  No *If 'yes' supportive documentation required.*

*(E.g. allergies to nuts, penicillin, bee stings or asthma management.)*

***I, the parent and/or guardian of the above student, give permission for St. Maroun's College to authorise any medical steps, which may become necessary as a result of any accident occurring at the College or at functions/excursions organised by the College if I cannot be contacted before any such treatment is deemed necessary by proper medical authorities.***

Father Signature: \_\_\_\_\_ Mother Signature: \_\_\_\_\_

## STUDENT EDUCATION HISTORY

Previous School Name: \_\_\_\_\_ Year Level completed: \_\_\_\_\_ Leave Date: \_\_\_\_\_

Reason/s for leaving previous school: \_\_\_\_\_

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might present risk of any type to the student, other students and/or staff at the College?  YES  NO

Has the student had any past history of violent behaviour?  YES  NO

Has the student ever been suspended or expelled from any previous school?  YES  NO *If 'YES', was it for (please tick below)*

Physical violence  Illegal drugs  Possession of weapon/s  threats of violence or intimidation others

Other: \_\_\_\_\_

Do you have any siblings currently/prevously enrolled at the College?  YES  NO *If 'YES', please provide details.*

First Name	Family Name	Year Graduated	Year Level Completed

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## EDUCATION AGENT DETAILS

Are you applying through an education Agent?  YES  NO

Agent Name: \_\_\_\_\_ Agent ID Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

*I confirm that I have briefed the applicant and parents on the contractual agreement relating to the application and all due necessary policy and procedure including providing the applicant with relevant information relating to the ESOS Act 2000 and the National Code 2007.*

Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT PROFICIENCY

Please answer the following question in the space provided.

**Why should you be considered for enrolment at St. Maroun's College?**

*You may include information about your personality, past historical events/activities, beliefs, skills, talents, abilities, interests and goals.*

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# CONDITIONS OF ENROLMENT – CONTRACTUAL AGREEMENT

Please read the following conditions of enrolment carefully and note that once this agreement is signed in “good intention” and in accordance with The ESOS ACT 2000, the College will deem this to be a legally binding contract of enrolment.

1. I/We have read and agreed to the conditions within the *St. Maroun’s College International Student Handbook* (found on the College’s website – [www.stmarouns.nsw.edu.au](http://www.stmarouns.nsw.edu.au)) in particular the following:

- College Enrolment Policy and procedures
- College Uniform and Grooming Policy and procedures
- College Attendance Policy and procedures
- College Academic Course Progress Policy and procedures
- College Welfare Policy and procedures including Critical Incident Policy and procedures
- College Schedule of Fees and Charges including Refund Policy and procedures
- College Transfer, Deferment, Suspension or Cancellation Policy and procedures
- College Grievances and Appeals Policy and procedures

2. I/We declare and understand that the information given on this application of enrolment is true and correct and will be updated whenever necessary (via parent/caregiver/guardian) through written correspondence.
3. I/We have included the **\$300** administration fee with this application and I/we understand that this money is non-refundable if the application is unsuccessful.
4. I/ We understand that upon the successful application, I/We agree to honour **ALL** financial commitments (*College Schedule of Fees and Charges including Refund Policy*) as well as any additional payments related to the education of the student.
5. I/We understand and agree to support the participation of the student in the religious life of the College including College liturgies, retreats and other religious programs and/or activities
6. I/We understand that upon the successful application, the College may require the student to access an Intensive Language Centre for English or High School Preparation Course before entry into the College.  
I/We understand that the College will assess the student’s need for intensive English tuition and may require successful completion of an English tuition course or High School Preparation Course prior to College commencement. I/We understand and agree that an additional cost must be paid (*which will be discussed on/at enrolment*) before accessing the Intensive Language Centre for English or High School Preparation Course.
7. I/We give consent to the publication of our child’s photo/s, which may be used for the College Year Book, Newsletters, College Website or in publications for the purpose of promoting the school as per the Conditions of Enrolment.
8. I/We have read **ALL** of the information in this application for enrolment package and have read and understood the College policies and procedures outlined in the *St. Maroun’s College Handbook for International Students*.
9. I/We understand that if any misleading information (*both negligently and inappropriately*) has been provided, or any omission of significant fact/detail made in this application for enrolment, acceptance will **NOT** be granted; or if discovered after acceptance the enrolment may be **cancelled** and may result in an official notification to Immigration and adverse affect on the students’ visa.
10. I/We understand that this agreement, and the availability of complaints and appeals process, does not remove the right of the student to take action under Australia’s consumer protection laws.

Father Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD COMPLETED APPLICATION TO:**  
**INTERNATIONAL STUDENT DEPARTMENT**  
194 Wardell Road Dulwich Hill NSW 2203  
T: 61 2 9559 2343  
M: 61 451 114 811  
E: [internationals@stmarouns.nsw.edu.au](mailto:internationals@stmarouns.nsw.edu.au)

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