

DEPENDANT FULL-FEE PAYING OVERSEAS STUDENTS APPLICATION FORM



EMMAUS
COLLEGE

Emmaus College is a school, which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

PART A - STUDENT DETAILS

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Nationality on Passport:	<input type="text"/>	Country of Birth:	<input type="text"/>
Passport Number:	<input type="text"/>	Expiry Date:	<input type="text"/>

PART B - CONTACT DETAILS

Parent 1/Legal Guardian 1/Carer 1 Family Name:	<input type="text"/>		
Parent 1/Legal Guardian 1/Carer 1 Name:	<input type="text"/>		
Parent 2/Legal Guardian 2/Carer 2 Family Name:	<input type="text"/>		
Parent 2/Legal Guardian 2/Carer 2 Name:	<input type="text"/>		
Family Contact Number:	<input type="text"/>	Family Email Address:	<input type="text"/>

PART C - FAMILY AUSTRALIAN RESIDENTIAL ADDRESS

Street Address:	<input type="text"/>	City:	<input type="text"/>		
State:	<input type="text"/>	Country:	<input type="text"/>	Postcode:	<input type="text"/>

PART D - PARENT'S/GUARDIAN'S/CARER'S COURSE ENROLMENT DETAILS

Please provide copy of letter of offer and certificate of enrolment.

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Nationality:	<input type="text"/>	Passport Number:	<input type="text"/>
Tertiary Institute Name:	<input type="text"/>	Visa sub-class:	<input type="text"/>
Passport Expiry Date:	<input type="text"/>	Visa Expiry Date:	<input type="text"/>
Course Start Date:	<input type="text"/>	Course End Date:	<input type="text"/>

PART E - SIBLING DETAILS

Does the student have a brother or sister currently enrolled at a Victorian school?: Yes No

If yes, which school do they attend?:

Sibling Name 1:

Sibling Name 2:

Sibling Name 3:



PART F - SPECIAL CIRCUMSTANCES

To ensure that your child is provided with the most appropriate support according to their needs, please provide details for all information requested.

Has the student been diagnosed with a medical condition that a doctor should be aware of? If so, please provide details:

Does the student have any special learning needs which the school needs to be aware of? If so, please provide details:

PART G - EDUCATION HISTORY

In what country has the student been studying?:

Current Year Level: How many years of English language has the student studied?:

PART H - STUDY PLAN

Proposed Year Level: Proposed Commencement Date:

Proposed End Date:

CHECKLIST

The application process will not commence until the Dependant Full-Fee Paying Overseas Students (FFPOS) Application Form is complete and all necessary supporting documentation is provided to the College. This will enable the College to seek approval from MACS.

The original documentation must be provided in the following format:

DOCUMENT

Birth certificate or passport page

Document translated to English from original language

Certified as a true copy of the original

School reports including a grading key for the most recent two years

Document translated to English from original language

Certified as a true copy of the original

A copy of the parent's visa

Copy of the original document

Proof of medical conditions and additional learning needs (if applicable)

Copy of original document/s

Document translated to English from original language (if required)