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CRICOS Provider No 02301D

Secondary Campus and Administration
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International Student Application for Enrolment

Student's Name _____

Date of Birth _____ Year Level of Entry _____ in Calendar Year _____

Learning to Soar



Student Details

Family Name: _____ Given Names: _____
Preferred Name: _____ Date of Birth(DD/MM/YY): _____ Male Female
Country of Birth: _____ Nationality: _____
Passport Number: _____ Visa Type: _____ Expiry Date (DD/MM/YY): _____
Address in Home Country: _____
Telephone: _____ Email: _____
Address in Australia: _____
Telephone: _____ Email: _____

Father / Guardian

Title: (Dr, Mr, Etc) _____ Family Name: _____ Given Name: _____
Telephone: _____ Email: _____
Occupation: _____ Employer: _____

Mother / Guardian

Title: (Dr, Mrs, Etc) _____ Family Name: _____ Given Name: _____
Telephone: _____ Email: _____
Occupation: _____ Employer: _____

Education Background

Last School Attended: _____ Highest Level Achieved (eg Year 10): _____
Present School: _____ Present Year Level: _____

English Proficiency

At which institution have you studied English: _____ Which languages do you speak: _____
IELTS Score: _____ Date Obtained (DD/MM/YY): _____
AEAS Score: _____ Date Obtained (DD/MM/YY): _____
Other Score: _____ Date Obtained (DD/MM/YY): _____

*Certified copies of relevant academic achievements (including English results) must accompany your application.

Course Preference

Course 1 - English Intensive Course

Number of weeks required: _____

Term 1 (February) Term 2 (April) Term 3 (July) Term 4 (October)

Do you require mid term entry? Yes No If yes, what date would you like to start? _____

Course 2 - Primary & Secondary Education (Year 1 - Year 12)

Year level of Entry: _____

Term 1 (February) Term 2 (April) Term 3 (July) Term 4 (October)

Special Needs

Do you have any special needs (medical, dietary, language, etc):

Yes No

If yes, please specify: _____

Guardianship

St John's Grammar School requires student to be under guardianship throughout their study period. Do you want to

(Please tick one of the following):

- Live with parents
- St John's Grammar to arrange a guardian (The Principal)
- Appoint your own guardian

Family Name: _____ Given Name: _____

Address: _____

Mobile: _____ Email: _____

Agent Details

Parent Declaration

I warrant that the information on this form, or provided in support of my application, is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that St John's Grammar School may withdraw an offer of a place or cancel my enrolment in consequence. I agree to abide by the statutes, regulations and policies of St John's Grammar School.

- I/We have read and understood the above conditions and accept them fully

Applicant Signature

Date

Parent /Guardian Signature

Date

Learning to Soar

