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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: _____

School Boarding or Homestay preferred? Boarding Homestay Other: _____

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 and/or Consideration

Does the student have a known disability e.g. intellectual, physical, emotional, vision or hearing? Please provide brief details.

Does the student have any known allergies or medical issues requiring special management e.g. dietary, bee-sting allergy? Provide brief details.

Learning to Soar

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):

- Homestay – St John's Grammar is the guardian
- School Boarding House – St John's Grammar is the guardian (*please note: rooms within the Boarding House are subject to availability*)
- Appoint your own guardian (*please include their details below*)

Family Name: _____ Given Name: _____

Address: _____

Mobile: _____ Email: _____

Agent Details

Declaration of Understanding

I am aware of the conditions of a Sub-Class 500 Student Visa and that this student, if successful in gaining a visa:

- Must meet the academic requirements of the course.
- Must meet the attendance requirements for the program.
- Must have any travel schedules approved before making bookings for travel.
- Must maintain current Overseas Student Health Cover.
- Must meet the obligations to notify the School of any change of address while enrolled at the School

I hereby apply for enrolment at St John's Grammar School. I have read, understood and agree with the Terms and Conditions of Enrolment outlined in the International Student Handbook. I declare that the information supplied by me is true and correct. I agree to pay fees by the due date and have read and understood the cancellation of the refund policy.

Privacy

I understand that some personal information about my child may be made available to the Commonwealth and State Agencies and the Education for Overseas Students (ESOS) Assurance Fund Manager.

Signature Guardian 1: _____ Date: _____

Name in block letters: _____

Signature Guardian 2: _____ Date: _____

Name in block letters: _____