Please use BLOCK CAPITALS St Margaret's STUDENT INFORMATION Student's Surname Given Names Preferred Name Date of Birth Status - (Boarder/Day/Homestay) Proposed Calendar Year to be enrolled Proposed Academic (Grade) Year Language Spoken (Home) Other Language/s Religion Country of Birth Nationality Present School Passport Number: Country of Issue: **Expiry Date: VISA DETAILS:** Do you have an Australian visa? No Yes If yes, specify type of visa + number (eg, student, visitor, temporary, permanent resident) Please Supply a copy of Passport and Visa details (or proposed visa) **FAMILY INFORMATION** Home Address Post Code Postal Address Post Code Home Phone Number Facsimile Address in Australia (if applicable)

Do you have existing Overseas Student Health Cover?

Provider:

Expiry Date

Post Code

No

Policy No:

(Please provide a copy of the policy confirmation note)

OFFICE USE ONLY
Parent Code:
Date Received:
Student Code:

Receipt No:

St Margaret's

Passport Number

Country of Issue

FATHER or GUARDIAN		
Resides with student	YES NO	
Name		
Tunie		
Occupation		
г. 1		
Employer		
Industry		
Business Address		
	Post Code	
Business Phone	Mobile Phone	
Email Address		
Religion		
Religion		
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C. A. CI	T ' D '	
Country of Issue	Expiry Date	
	Expiry Date	
MOTHER or GUARDIAN		
MOTHER or GUARDIAN	Expiry Date YES NO	
MOTHER or GUARDIAN		
MOTHER or GUARDIAN Resides with student Name		
MOTHER or GUARDIAN Resides with student		
MOTHER or GUARDIAN Resides with student Name		
MOTHER or GUARDIAN Resides with student Name Occupation Employer		
MOTHER or GUARDIAN Resides with student Name Occupation		
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry		
MOTHER or GUARDIAN Resides with student Name Occupation Employer		
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry		
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry	YES NO	
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry		
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry	YES NO	
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry Business Address Business Phone	YES NO Post Code	
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry Business Address	YES NO Post Code	
MOTHER or GUARDIAN Resides with student Name Occupation Employer Industry Business Address Business Phone	YES NO Post Code	

Expiry Date

STUDENT ACADEMIC DETAILS Current School Address Current Year Level How many years of schooling have been completed? $(please\ include\ two\ years\ of\ the\ most\ recent\ school\ reports)$ How long have you learnt English? Proposed place for ELICOS course? When did you complete your English Assessment? Please state which test was completed (include a copy of the test results) OTHER FAMILY MEMBERS who have attended, are attending or will be attending St Margaret's Full Name Maiden Name House Relationship to Student Year of Leaving/Year Level Contact (Phone and/or Email) **AGENT DETAILS** Name of Agency Agent's Name Address

Phone number

Email

St Margaret's

St Margaret's ALTERNATIVE CONTACT if future mail from school does not reach you promptly or parents are not available (Eg. grandparents, neighbours, close friend) Full Name Postal Address Post Code Phone Number Relationship to Student Email address FINANCIAL DETAILS (Upon application, a non-refundable Application Handling Fee is required) **CASH** CHEQUE (payable to St Margaret's Anglican Girls School) VISA MASTERCARD Amex Credit Card No **Expiry Date** Card Holder's Name Amount Signature Telegraphic Transfer: Where this method is used, it is requested that parents phone or fax a copy of the receipt to the School immediately. Telegraphic Transfers may be made directly to the School Bank Account; Account Name St Margaret's Anglican Girls School Bank: National Australia Bank Branch; Capital office BSB: 084 004 Account Number; 163670842 Swift Code: NATAAU3304B **DECLARATION** We, the Parent/s or Guardian/s, declare as follows: 1. We agree that the above information is accurate and true at time of application. 2. We understand that this application is an application for admission only and does not confirm a place at the School 3. We acknowledge there is a non-refundable application handling fee to cover administrative costs. 4. We consent to the collection, use, disclosure and retention of personal information about us and the Student from time to time in accordance with the School's Privacy Policy, a copy of which can be obtained from the School's website. Signatures of Both Parents/Guardians Date ____ / ____ / ____ St Margaret's Anglican Girls School AGENTS CHECKLIST 11 Petrie Street Ascot QLD 4007 Australia Telephone: +61 7 3862 0777 ☐ Completed Application Form Facsimile: +61 7 3862 0701 A copy of Passport and Visa details registrar@stmargarets.qld.edu.au OSHC policy, if applicable www.stmargarets.qld.edu.au

St Margaret's School Council Ltd

ABN: 69069684019 CRICOS Code: 00511K

A School of the Society of the Sacred Advent

Two years of most recent academic records

English proficiency test results

Copy of parent/guardian passport