

# INTERNATIONAL STUDENT Enrolment Application



CRICOS: 04313F

## YEAR 9 TO YEAR 12

Year Level (i.e Year 9):  Year of Entry (i.e 2026):

### STUDENT DETAILS *Please complete in block letters*

Given Name:  Preferred Name (if different):

Surname:  Gender:  F  M  Other (Please specify):

Date of Birth:  /  /  Religion:

Language(s) Spoken At Home (other than English):

Current School:  Current Year Level:

Victorian School Number (VSN): if applicable

#### Student Citizenship Information:

Country of Birth:  Nationality:

Passport Number:  Passport Expiry:

Visa Grant Number:  Visa Grant Type:

Student will reside with:

Both Parents  Both Parents (shared custody)  Mother Only  Father Only

Homestay (with AHN)  Nominated Relative (Student Guardian) (as approved by the Department of Immigration)

Is there a court order in place?

#### Learning Needs:

Are you aware of any special learning needs your child might have?  Yes  No

If yes, please provide details:

### PARENT DETAILS *Please complete in block letters*

Parent 1 / Guardian 1:

Title:

Given Name:

Surname:

Preferred Name: (if different):

Gender:  F  M  Other (Please specify):

Relationship to student:

Home Address:

Home Suburb:

Home State:  Home Postcode:

Home Country (if other than Australia):

Mobile:

Email:

Occupation:

Employer:

Country of Birth:

Nationality:

Address for correspondence (if different from above):

Parent 2 / Guardian 2:

Title:

Given Name:

Surname:

Preferred Name: (if different):

Gender:  F  M  Other (Please specify):

Relationship to student:

Home Address:

Home Suburb:

Home State:  Home Postcode:

Home Country (if other than Australia):

Mobile:

Email:

Occupation:

Employer:

Country of Birth:

Nationality:

Address for correspondence (if different from above):

## SIENA ALUMNAE

Please identify any family relations that have attended Siena College in the past:

Name:

Maiden Name (if applicable):

Past Student       Graduating Year:

House (if known):  Cassia       Dianella       Kurrajong       Waratah

Relationship to student (i.e. mother, sister, cousin):

## SIENA CONNECTION

Please identify any existing family relations are currently attending or intending to attend Siena College:

Name:

Current Student      Year Level:

Future Student      Year / Level Applied:

Relationship to student (i.e. , sister, cousin):

## OTHER INFORMATION

There is no obligation to complete this section, however, your answers will assist us in improving our service.

What brought Siena College to your attention?

Please tick appropriate boxes.

Family / Friends

AEAS Advertising

News items

Open Mornings / College Tours

Website

Employer

Advertisements or promotional materials

Other (please specify)

What prompted you to enrol your child at Siena College?

  

## TERMS AND CONDITIONS

We agree that this application is subject to the Siena College Enrolment Policy and there being a position available for the student. We also understand that this application does not guarantee an offer of enrolment being made, but if an offer of enrolment is made by the College, acceptance of the offer will be subject to both parents/guardians (if more than one) agreeing to and signing the Siena College Enrolment Agreement for International Students, compliance with all requirements for entry into Australia as a student, and the payment of any fees required by the College prior to enrolment

This application also requires the signature of both parents/guardians (if more than one). If the signature of both parents/guardians is not included, evidence of the legal right of one parent to make this application to the exclusion of the other parent/guardian must be included.

The following field requires signatures by hand.

Parent 1:

Date:

Parent 2:

Date:

Signature of Guardian (if applicable):

Date:

## FEE TYPE

AUD \$220 Application Fee

*Please note that the Application fee is payable for each child.*

## PAYMENT *Please choose a payment type*

I am enclosing a cheque for AUD \$220 (per child) being non-refundable payment of the enrolment application fee for Siena College.

I give authority for my credit card to be debited with AUD \$220 (per child) being non-refundable payment of the enrolment application fee for Siena College.

Name of Cardholder:  Amount: \$

Credit Card Type (please tick):

Mastercard  Visa  American Express

\*Amex cards incur a 1% surcharge. This surcharge will be added to the payment amount.

Card Number:

Expiry Date:   /   CCV:

## PLEASE RETURN

*Please ensure English-translated copies of the following are documents included with your application submission by email (scanned or photographed):*

1. Certified Birth Certificate
2. Photocopy of passport page with name, photo identification, passport number and expiry date
3. Certified copies of student's most recent School Reports from the previous two years of study
4. An English Language Assessment through AEAS
5. Written evidence of proficiency of English as an additional language in the form of sample work
6. A reference from the student's current school Principal commenting on the student's behaviour and commitment towards their studies
7. Any other relevant educational assessment material (e.g. NAPLAN test results or equivalent)
8. Baptism, Confirmation and Communion Certificate/s (if applicable)
9. Medical Action Management Plans (if applicable)
10. Immunisation Certificate/s
11. Court orders or Parental Agreements (if applicable)