



# ST PAUL'S INTERNATIONAL COLLEGE (00379J)

Sisters of St Paul de Chartres

463 Argyle Street, MOSS VALE NSW 2577 Australia

Tel: Int'l +61 2 9283 6768

Fax: Int'l +61 2 9283 6769

email: [dzhang@spic.nsw.edu.au](mailto:dzhang@spic.nsw.edu.au)

website: [www.spic.nsw.edu.au](http://www.spic.nsw.edu.au)

"ALL TO ALL"

## APPLICATION FOR ENROLMENT

FAMILY NAME: _____ GIVEN NAMES: _____	Student Photo
DATE OF BIRTH: ____/____/____ SEX: M [ ] F [ ] Religion: _____ <small>Day Month Year</small>	
Country of Birth: _____ Citizenship/Nationality _____	
HOME ADDRESS: _____ _____	
Phone/Fax: _____ Email address: _____ Passport No. _____	
FATHER'S NAME: _____ Occupation: _____	
Business Address: _____ _____ Phone: _____ Fax: _____	
MOTHER'S NAME: _____ Occupation: _____	
Business Address: _____ _____ Phone: _____ Fax: _____	
PRESENT SCHOOL: _____	

Parents of overseas student must appoint a guardian in Australia. The guardian should be a responsible person with whom the student can stay for the holidays.

Australian Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Where did you learn about St Paul's International College: Relative [ ] Friend [ ] Exhibition [ ] Advertisement [ ]

Are you referred by a person or agent? Yes [ ] No [ ] Name of agent \_\_\_\_\_

Entry into Course:-  
ELICOS/ Bridging Course [ ] Preliminary HSC (Year 11) [ ] HSC (Year 12) [ ] UFS Course [ ]

I hereby apply to have the above named student enrolled at St Paul's International College.

Signature of Parent/s: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The fee of A\$300.00 should be enclosed with this application form. This fee is not refundable.

To facilitate the process of this application certified academic reports for the last two years are required to accompany this form.