

St Michael's Collegiate School International Student Expression of Interest

AGENT DETAILS (if applicable)

Agent Name:	
Contact Person:	Phone:
Email:	
Postal Address:	

STUDENT DETAILS

Student's Family Name:	
Student's Given Name:	Student's Preferred Name:
Date of birth:	Nationality:
Religion:	Current School:
Phone:	Email:
Lives with:	Other languages spoken:
Postal Address:	
Spoken English: <input type="checkbox"/> Fluent <input type="checkbox"/> Partial <input type="checkbox"/> None	Written English: <input type="checkbox"/> Fluent <input type="checkbox"/> Partial <input type="checkbox"/> None

PARENT/CARER DETAILS

FATHER OR GUARDIAN 1	Relationship to Student:
Family Name:	
Given Name:	
Nationality:	Phone:
Email:	
Postal Address:	
Spoken English: <input type="checkbox"/> Fluent <input type="checkbox"/> Partial <input type="checkbox"/> None	Written English: <input type="checkbox"/> Fluent <input type="checkbox"/> Partial <input type="checkbox"/> None

MOTHER OR GUARDIAN 2	Relationship to Student:
Family Name:	
Given Name:	
Nationality:	Phone:
Email:	
Postal Address:	
Spoken English: <input type="checkbox"/> Fluent <input type="checkbox"/> Partial <input type="checkbox"/> None	Written English: <input type="checkbox"/> Fluent <input type="checkbox"/> Partial <input type="checkbox"/> None



STUDY EXPERIENCE DETAILS	
Intended Length of Study Experience: Commencement Year and Term:	
First Preference Arrival Date:	Departure Date: If you need to explain, please include details in the last section of form
Second Preference Arrival Date:	Departure Date: If you need to explain, please include details in the last section of form
Visa Type:	English Competency: <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Competent
Visa Date of Issue:	Passport Number:

STUDENT PROFILE
What do you hope to gain from this study experience?
Would you like to participate in any extra-curricular activities during your time at St Michael's Collegiate? E.g. Sporting teams, music. <i>Please Note: There may be an additional cost for some activities. The School will advise you of these.</i>
Do you have any known allergies to food? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:
Are there any foods you cannot eat due to cultural or religious reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:
Do you have any known, medically diagnosed allergies to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:
Do you have any ongoing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:

Have you visited Australia before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lived away from home before <input type="checkbox"/> Yes <input type="checkbox"/> No
What are your favourite subject/s at school?	
What are your interests/hobbies and sports?	
Is there anything else you wish to share with us?	

Please return this completed form, along with a current photograph of the student and her family to:

Mrs Trisha Lowe, Head of Enrolments
Telephone: +61 3 6211 4936
Email: trisha.lowe@collegiate.tas.edu.au

Postal Address: St Michael's Collegiate School
PO Box 215 Sandy Bay, TAS Australia 7006

ABN 75 471 713 846
CRICOS Registration No. 00482K
www.collegiate.tas.edu.au

Checklist of what is required to progress enquiry

Please provide the following items to St Michael's Collegiate School along with this form for the Principal to consider your enquiry:

- Certified and translated copy of two latest school reports
- Copy of passport and birth certificate (if available)
- Copy of any assessment testing results report (if available)
- Two Character References for student
- Half-page, handwritten essay by student on any topic



St Michael's Collegiate
Set for life



CRICOS No. 00482K

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