

# APPLICATION FOR ADMISSION

Student Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day / month / year

Contact Address (for person handling this application) _____ _____
Telephone: Day _____ Night _____
Email: _____

## STUDENT INFORMATION

What language do you usually speak? \_\_\_\_\_

What year level are you currently studying? \_\_\_\_\_

How long have you been studying English? \_\_\_\_\_

What level of study are you applying for? \_\_\_\_\_

When do you wish to start? (month / year) \_\_\_\_\_

When do you wish to finish? (month / year) \_\_\_\_\_

Which subjects do you wish to study? (Write them in the order you prefer)

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |          |

## HEALTH

Do you have any special needs that limit your ability to safeguard your personal welfare? No  Yes

Signature of Father/Mother: \_\_\_\_\_

Please attach here a recent photograph of yourself	Full name of parent signing this form: _____
	Home Address: _____ _____ _____
	Phone: _____
	Email: _____

I am also sending:

- a copy of my latest school reports and any examination results
- a testimonial relating to my character and suitability for study overseas
- verification of purchase of health insurance

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>