



Application for Admission - International Students

The information provided in this document will be treated as highly confidential and will be shared with relevant staff members as and when necessary. Should you have any changes, please inform the School immediately in writing. Please retain a copy of this application form for your reference. Please complete this application form and forward it together with the Registration Fee of \$150 and a copy of your daughter's documents to: registrar@plc.wa.edu.au or post this application to Presbyterian Ladies' College, 14 McNeil Street, Peppermint Grove WA 6011, Australia. **CRICOS Provider 00447B**

For Office Use only: Application Received Student ID Reg. fee Rec No

STUDENT'S DETAILS

Name	SURNAME		GIVEN NAMES			PREFERRED GIVEN NAME					
Date of Birth	DAY	MONTH	YEAR	Religion/Denomination	Nationality						
Country of Birth						Visa Category	Australian Citizen				
Passport No.				Expiry Date	DAY	MONTH	YEAR	Student	Migration		
Visa Number				Expiry Date	DAY	MONTH	YEAR	Business	Permanent Resident		
Health Insurance				Health Insurance No.				Expiry Date	DAY	MONTH	YEAR

STUDENT'S ACADEMIC DETAILS

Current School				Current Academic Year		Day or Boarding Student	D	B	
Intended Year of Entry		Entry Level	PK	K	PP	4	7	Alternate Entry Level	
Major language spoken at home				Major language of teaching in primary school					
Major language of teaching in secondary school				for		years (*Please indicate number of years at secondary school)			
Is English the applicant's second language?	Y	N	Date of AEAS testing	DAY	MONTH	YEAR	English test enclosed	Y	N

1. PARENT DETAILS

Name	TITLE	SURNAME		GIVEN NAMES			PREFERRED GIVEN NAME		
Residential Address									
								Postcode	
Postal Address									
								Postcode	
Contact Numbers	Home				Mobile			Business	
Email	Home				Business				
Preferred Email	Home	Business	Occupation				Business Name		

2. PARENT DETAILS

Name	TITLE	SURNAME		GIVEN NAMES			PREFERRED GIVEN NAME		
Residential Address									
								Postcode	
Postal Address									
								Postcode	
Contact Numbers	Home				Mobile			Business	
Email	Home				Business				
Preferred Email	Home	Business	Occupation				Business Name		

GUARDIANSHIP

**It is a requirement of PLC that each International student has a guardian who speaks English, is resident in Perth and over the age of 25.

Do you have a family member or friend who can act as guardian? Y N The attached guardian forms have been completed. Y N

- Please note that an application cannot be processed without the completed guardian forms -

PLC OLD COLLEGIAN RELATIVES OF THE APPLICANT

NAME IN FULL	MAIDEN NAME	PEER YEAR	HOUSE	RELATIONSHIP TO STUDENT
NAME IN FULL	MAIDEN NAME	PEER YEAR	HOUSE	RELATIONSHIP TO STUDENT

NAMES OF SISTERS CURRENTLY ATTENDING PLC or ENROLLED TO ATTEND

CURRENT OFFERED WAITLISTED

NAME IN FULL	LEVEL/YEAR OF ENTRY	HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME IN FULL	LEVEL/YEAR OF ENTRY	HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS THE MAIN REASON YOU CHOSE TO ENROL YOUR CHILD AT PLC?

<input type="checkbox"/> Reputation of the School	<input type="checkbox"/> Family Tradition	<input type="checkbox"/> Music Programme	<input type="checkbox"/> Location	<input type="checkbox"/> Other
<input type="checkbox"/> Specialist Programmes	<input type="checkbox"/> Girls' Only Education	<input type="checkbox"/> International Baccalaureate	<input type="checkbox"/> Facilities	<input type="text" value="(Please Specify)"/>
<input type="checkbox"/> Academic Excellence	<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Individualised Learning Plans	<input type="checkbox"/> Values	

HOW DID YOU FIRST HEAR ABOUT PLC?

<input type="checkbox"/> Word of Mouth/Reputation	<input type="checkbox"/> Open Day/School Tour	<input type="checkbox"/> Prospectus/Other Literature	<input type="checkbox"/> Sibling at School	<input type="checkbox"/> Website	<input type="checkbox"/> Other
<input type="checkbox"/> Agent	<input type="checkbox"/> Live in Local Area	<input type="checkbox"/> Mother is an Old Collegian	<input type="checkbox"/> Advertising	<input type="text" value="(Please Specify)"/>	

STUDENT INFORMATION

Please list below any health or educational circumstances of which the School needs to be aware in order to provide maximum support to the student (eg ill health, ADD/ADHD, allergies, physical or other disabilities). Please provide copies of relevant documents, including medical reports, therapy information, details of past school performance etc.

PRIVACY COLLECTION NOTICE

Under the Privacy Act (the Act) Presbyterian Ladies' College is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APP's). This information is set out in our Privacy Policy which is available on the School's public website www.plc.wa.edu.au and also available upon request in hard copy from the School Office. Our Privacy Policy describes:

- who we collect information from;
- the types of personal information collected and held by us;
- how this information is collected and held;
- the purposes for which your personal information is collected, held, used and disclosed;
- how you can gain access to your personal information and seek its correction;
- how you may complain or inquire about our collection, handling, use or disclosure of your personal information and how that complaint or inquiry will be handled; and
- whether we are likely to disclose your personal information to any overseas recipients.

**We strongly recommend that you read our Privacy Policy and if you have any queries with respect to its content you should contact the School's Privacy Officer at privacy@plc.wa.edu.au.

I/We have read the business conditions on the Fee Schedule.

I/We understand that this application does not guarantee that a place will be offered.

To the best of my/our knowledge the information contained within this application is complete and correct.

I/We acknowledge and agree that if we have knowingly withheld information relevant to the enrolment process or have knowingly incorrectly completed this application from, the School may refuse or terminate the enrolment of my/our child.

Should my/our child's educational or health circumstances change between date of application for registration and entry to School, I/We will inform the School.

<input type="text" value="(PARENT SIGNATURE)"/>	DAY	MONTH	YEAR	<input type="text" value="(PARENT SIGNATURE)"/>	DAY	MONTH	YEAR
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PAYMENT OF REGISTRATION FEE

Type of payment	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name of cardholder	<input type="text"/>
Card Number	<input type="text"/>	Expiry Date	<input type="text"/>
Signature of cardholder	<input type="text"/>	Date	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>
Payment of Registration fee			\$150

APPLICATION CHECKLIST

<input type="checkbox"/> Application for Registration signed by both parents/guardians Registration fee of \$150. This fee is not refundable and does not ensure a place of offer (credit card)	<input type="checkbox"/> Copy of residency/citizenship papers if child or both parents were born overseas
<input type="checkbox"/> Copy of child's latest school report if they are of school age	<input type="checkbox"/> Copy of identification page of your child's passport
<input type="checkbox"/> Test results if AEAS	<input type="checkbox"/> Copy of your family's Visa
<input type="checkbox"/> Copy of child's full birth certificate	