

Melbourne Archdiocese Catholic Schools MacKillop College Dependant Full-fee Paying Overseas Student (FFPOS) Application Form



This application form is informed by the MacKillop College Enrolment Policy and MacKillop College Enrolment Processes. Please refer to these documents for further information. This application should be completed by the Principal or delegate, in consultation with parents/guardians/carers, and submitted to the MACS Regional General Manager for approval by the Executive Director (or delegate).

STUDENT DETAILS		
Family name:	Given name:	
Date of birth:	Gender:	
Nationality on passport:	Country of birth:	
Passport number:	Expiry date:	
CONTACT DETAILS		
Parent 1/guardian 1/carer 1 family name:		
Parent 1/guardian 1/carer 1 given name:		
Parent 2/guardian 2/carer 2 family name:		
Parent 2/guardian 2/carer 2 given name:		
Family contact number:		
Family email address:		
FAMILY AUSTRALIAN RESIDENTIAL ADDRESS		
Street address:		
City:	State:	
Country:	Postcode:	

PARENT'S/GUARDIAN'S/CARER'S COURSE ENROLMENT DETAILS

Please provide copy of letter of offer and certificate of enrolment.

Family name:	Given name:
Nationality:	Passport number:
Visa sub-class:	Tertiary institute name:
Passport expiry date:	Visa expiry date:
Course start date:	Course end date:

SIBLING DETAILS

Does the student have a brother or sister currently enrolled at a Victorian school?
Yes
No

If yes, which school do they attend?

Sibling name 1:

Sibling name 2:

Sibling name 3:

SPECIAL CIRCUMSTANCES

To ensure that your child is provided with the most appropriate support according to their needs, please provide details for all information requested.

Has the student been diagnosed with a medical or health condition? If so, please provide details:

Does the student have any special learning needs? If so, please provide details:

EDUCATION HISTORY

In what country has the student been studying?

Current year level:

How many years of English language has the student studied?

STUDY PLAN

Proposed year level:

Proposed commencement date:

Proposed end date:

Parent Consent

By submitting this form, you consent to the information contained within the form being shared with relevant MACS employees for the purpose of considering your child's application.

Parent 1/guardian 1/carer 1 signature:	Date:
Parent 2/guardian 2/carer 2 signature:	Date:

Checklist

The application process will not commence until the Dependant Full-Fee Paying Overseas Students (FFPOS) Application Form is complete and all necessary supporting documentation is provided to the school. This will enable the school to seek approval from MACS.

The original documentation must be provided in the following format:

DOCUMENT	
Birth certificate or passport page	 ☐ document translated to English from original language ☐ certified as a true copy of the original
School reports including a grading key for the most recent two years	 document translated to English from original language certified as a true copy of the original
A copy of the parent/guardian/carer s visa	□copy of the original document
Proof of medical conditions and additional learning needs <i>(if applicable)</i>	 copy of original document/s document translated to English from original language (<i>if required</i>)