

MacKillop College Dependant and Temporary 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 MACS 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 EN		
Please provide copy of letter of offer and certificate of enrolment.		
Family name:	Given name:	
Nationality:	Passport number:	
Visa sub-class:	Tertiary institute name:	
If bridging visa, please provide previous visa sub-class:		
Passport expiry date:	Visa expiry date:	
	If bridging visa, please write N/A	
Course start date:	Course end date:	

SIBLING DETAILS	
Does the student have a brother or sister currently e	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 a please provide details for all information requested.	appropriate support according to their needs,
Has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with a medical or has the student been diagnosed with the student been diagno	nealth condition?
Does the student have any special learning needs? If so, please provide details:	
EDUCATION HISTORY	
In what country has the student been studying? What	at year levels have been completed?
Current year level:	How many years of English language has the student studied?
STUDY PLAN	
Proposed year level:	
Proposed commencement date:	Proposed end date:
Application Fee	
Application fee amount:	\$302.00
Please refer to relevant international student fee rate	schedule for updated fee on CEVN.
Parent Consent	
\square By submitting this form, you consent to the information with relevant MACS employees for the purpose of co	_
\square I/We have paid the application fee to the school as	s part of the application process.
Parent 1/Guardian 1/Carer 1 signature:	Date:

Parent 2/Guardian 2/Carer 2 signature:	Date:	
	Date.	

Checklist

The application process will not commence until the Dependant and Temporary 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 (if applicable)	□ copy of original document/s □ document translated to English from original language (if required)

Approval authority	Director, Learning and Regional Services
Approval date	16 October 2023
Next review	May 2025