

OVERSEAS STUDENT APPLICATION FORM



Provider Code No. 00151G • Registered School No. 1841 • The Knox School Limited • ABN 16 095 158 222

Please complete both sides of this form. Please print in BLOCK LETTERS.

Office use only
Student ID:

STUDENT DETAILS

Mr/Ms	<input type="text"/>	Family Name	<input type="text"/>	Given Names	<input type="text"/>		
Preferred Name	<input type="text"/>			Date of Birth	<input type="text" value="DD/MM/YYYY"/>	Sex	<input type="text" value="M/F"/>
Country of Citizenship	<input type="text"/>		Country of Birth	<input type="text"/>			
Student's Address in Home Country	<input type="text"/>						
	<input type="text"/>			Postcode	<input type="text"/>		
Student's Home Telephone Number:	Country Code	<input type="text"/>	Area Code	<input type="text"/>	Telephone Number	<input type="text"/>	
Student's personal email	<input type="text"/>						
Passport or Travel Document Number	<input type="text"/>				Date of Expiry	<input type="text" value="DD/MM/YYYY"/>	

PARENT DETAILS

Parent A		Parent B	
Mr/Mrs/Ms	<input type="text"/>	Mr/Mrs/Ms	<input type="text"/>
Family Name	<input type="text"/>	Family Name	<input type="text"/>
Given Name	<input type="text"/>	Given Name	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Contact No.	<input type="text"/>	Contact No.	<input type="text"/>

COURSE OF STUDY REQUESTED TO BE UNDERTAKEN AT THE KNOX SCHOOL

PEAK Program: Number of weeks:	<input type="text"/>	From	<input type="text" value="DD/MM/YYYY"/>	to	<input type="text" value="DD/MM/YYYY"/>	Number of hours per week: 25 hours
Level of Study – Years	<input type="text"/>	to	<input type="text"/>	Year in which study will commence at Knox:	<input type="text"/>	
Residential Address in Australia (if known)	<input type="text"/>					
	<input type="text"/>				Postcode	<input type="text"/>

ACADEMIC RECORDS

Present/last School attended	<input type="text"/>						
Location of School (country)	<input type="text"/>						
Highest level of study attempted	<input type="text"/>			Year of attempt	<input type="text"/>		
English Proficiency – The student's level of English language proficiency is satisfied by:							
AEAS Score	<input type="text"/>	Date of Test	<input type="text"/>	IELTS/TOEFL Score	<input type="text"/>	Date of Test	<input type="text"/>

GUARDIAN DETAILS

If you have a blood relative who will act as your Caregiver/Guardian in Melbourne, Victoria, Australia, please provide the name and address below

Mr/Ms	<input type="text"/>	Family Name	<input type="text"/>	Given Names	<input type="text"/>
Residential Address	<input type="text"/>				
	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>	Email	<input type="text"/>

Please provide evidence of residency status, i.e. citizenship/PR & attach with this form.

AGENT DETAILS

Name of Agent	<input type="text"/>	Agent official stamp:
Company	<input type="text"/>	
Email	<input type="text"/>	
Telephone	<input type="text"/>	
Mobile	<input type="text"/>	
Website	<input type="text"/>	

SUBMISSION PROCESS

Please Note: **Individual applications for siblings must be lodged separately.** There is a \$110.00 fee (inc GST) per application for new enrolments.

Please return the following:

- Completed Application Form
- Non Refundable Fee of \$110.00
- Copy of Birth Certificate
- Copy of Passport Information page (or equivalent)
- AEAS Report or equivalent
- Most recent 2 years school reports
- Letter confirming medium of instruction from previous school(s)

Address: 220 Burwood Highway, Wantirna South, 3152, Victoria, Australia

Postal Address: P.O. Box 4508, Knox City Centre, Wantirna, 3152, Victoria, Australia

Telephone: (+613) 8805 3800 | Fax: (+613) 9887 1850

Email: international@knox.vic.edu.au | www.knox.vic.edu.au

The Knox School Limited ABN 16 095 158 222 Registered School No. 1841

APPLICATION FEE

The \$110.00 (inc GST) Application Fee may be paid via:

Cheque

Payable to "The Knox School"

EFTPOS

Processed at the Finance Department at The Knox School

Cash

Processed at the Finance Department at The Knox School

Credit Card

<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Amex
Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry	<input type="text"/>	/	<input type="text"/>		
Name on card	<input type="text"/>				
Signature	<input type="text"/>				

Office Use Only

Application Fee Received Amount \$

DECLARATION STATEMENT (application will not be processed unless declaration is signed)

I/we

acknowledge that I/we have made a full and frank disclosure of all required and relevant information in this application. I/we are aware that failure to make a full and frank disclosure may result in the cancellation of this application and/or cancellation of a student's enrolment. I/we also acknowledge and agree to abide by all school policies for the duration of the enrolment.

I/we also acknowledge that I am liable/we are jointly and severally liable for all fees, interest and charges stated in each school account relating to the student above, and for any expenses, cost or disbursements incurred by The Knox School in recovering outstanding monies.

Parent 1

Parent 2

This application requires the signature of both parents. If both signatures are unable to be provided then please explain the circumstances below.