

## APPLICATION FOR ENROLMENT



**YARRA VALLEY**  
GRAMMAR

### BILLING INFORMATION

SCHOOL ACCOUNTS TO BE SENT TO:

FATHER  MOTHER  GUARDIAN  STUDENT  OTHER (SPECIFY) \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

### DECLARATION BY PARENTS/GUARDIANS

I/We request that the above-named child be registered for admission to Yarra Valley Grammar. I/We have read the International Students Information Handbook Terms and Conditions (printed separately), and I/we agree to be bound by them. I/We also agree to cooperate with Yarra Valley Grammar authorities in any other matters, which may occur in relation to the conduct of the School or the discipline of the student. I/We further agree that we are personally liable for the payment of all fees and charges falling to the school in respect of the child enrolled.

By signing this application I/We also agree to the Guardianship and Homestay requirements. I/We approve of Yarra Valley Grammar acting on our behalf where indicated to do so.

SIGNATURE OF BOTH PARENTS

This application requires the signature of both parents

SIGNATURE (FATHER/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (MOTHER/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

### FOR THIS APPLICATION TO BE COMPLETE, PLEASE RETURN:

- A copy of birth certificate or passport with date of birth (translated into English)
- Copies of recent school reports – two years (translated into English and certified)
- English Language Test results (if available)
- This completed Application for Enrolment form
- Registration fee (non refundable) of \$55.00 (to be payable at the time of acceptance of offer)

to: Head of Marketing and Admissions  
Yarra Valley Grammar  
Kalinda Road  
RINGWOOD VIC 3134  
AUSTRALIA

Phone: 61 3 9262 7700  
Email: [international@yvg.vic.edu.au](mailto:international@yvg.vic.edu.au)  
Website: [www.yvg.vic.edu.au](http://www.yvg.vic.edu.au)

### PRIVACY

All information collected will be used and stored in accordance with the Yarra Valley Grammar Privacy Policy. A copy of this can be viewed on the School's website.

## INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT

### STUDENT DETAILS (BLOCK LETTERS PLEASE)

FAMILY NAME \_\_\_\_\_  MALE  FEMALE

GIVEN NAME(S) \_\_\_\_\_

PREFERRED ENGLISH NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELIGIOUS AFFILIATION (IF ANY) \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_ STUDENT MOBILE \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ PRESENT YEAR LEVEL \_\_\_\_\_

MONTH AND YEAR OF ENTRY TO YARRA VALLEY GRAMMAR (EG JULY 2011) \_\_\_\_\_ LEVEL OF ENTRY (EG YEAR 9) \_\_\_\_\_

UNDER WHICH VISA / STATUS WILL THE STUDENT BE COMING TO AUSTRALIA TO STUDY? \_\_\_\_\_

VISA NUMBER (IF KNOWN) \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

### ENGLISH PROFICIENCY

MAJOR LANGUAGE SPOKEN AT HOME \_\_\_\_\_

THE STUDENT HAS BEEN STUDYING ENGLISH AT SCHOOL FOR  YEARS

DATE OF ENGLISH ASSESSMENT TESTING (AEAS/IELTS TEST)  DAY  MONTH  YEAR

TEST RESULTS ENCLOSED  YES  NO

PROPOSED ELICOS PROVIDER \_\_\_\_\_

VICTORIAN STUDENT NUMBER (IF KNOWN) \_\_\_\_\_

## APPLICATION FOR ENROLMENT

### PARENTS' DETAILS (BLOCK LETTERS PLEASE)

STUDENT RESIDES WITH  BOTH PARENTS  MOTHER  FATHER  OTHER (SPECIFY) \_\_\_\_\_

IS THERE A COURT ORDER IN RELATION TO THIS STUDENT?  YES  NO IF YES, PLEASE ATTACH A COPY (TRANSLATED INTO ENGLISH).

FATHER	MOTHER
FAMILY NAME <small>TITLE (DR/MR/REV)</small>	FAMILY NAME <small>TITLE (DR/MRS/MS/MISS/REV)</small>
GIVEN NAME(S)	GIVEN NAME(S)
ADDRESS	ADDRESS
POSTCODE	POSTCODE
TEL: H <small>COUNTRY CODE AREA CODE</small> ( ) ( )	TEL: H <small>COUNTRY CODE AREA CODE</small> ( ) ( )
TEL: M <small>COUNTRY CODE AREA CODE</small> ( ) ( )	TEL: M <small>COUNTRY CODE AREA CODE</small> ( ) ( )
TEL: W <small>COUNTRY CODE AREA CODE</small> ( ) ( )	TEL: W <small>COUNTRY CODE AREA CODE</small> ( ) ( )
EMAIL	EMAIL
OCCUPATION	OCCUPATION

### AGENT DETAILS

IF AN APPLICANT IS BEING INTRODUCED BY AN APPROVED AGENT, PLEASE COMPLETE THE FOLLOWING

NAME OF AGENCY	MOBILE <small>COUNTRY CODE AREA CODE</small> ( ) ( )
CONTACT NAME	AGENCY FAX <small>COUNTRY CODE AREA CODE</small> ( ) ( )
AGENCY ADDRESS	EMAIL
POSTCODE	OFFICIAL STAMP OF AGENT
AGENCY TEL <small>COUNTRY CODE AREA CODE</small> ( ) ( )	

### CONNECTIONS WITH YARRA VALLEY GRAMMAR

ARE ANY MEMBERS OF THE STUDENT'S FAMILY A CURRENT OR PAST STUDENT OF YARRA VALLEY GRAMMAR?  YES  NO

IF YES, PLEASE PROVIDE THEIR NAME \_\_\_\_\_

CURRENT YEAR LEVEL OR YEAR OF GRADUATION \_\_\_\_\_

## APPLICATION FOR ENROLMENT

### ACCOMMODATION AND GUARDIANSHIP ARRANGEMENTS

All international students (regardless of age) must live with a parent or have a Melbourne-based guardian (approved by Yarra Valley Grammar) during their entire enrolment period at the School. Families must organise a guardian to be in place before a student commences at Yarra Valley Grammar. If families do not have any contacts in Melbourne that would qualify as guardians, the School can recommend a suitable Guardianship Service.

Unless the student is living with a parent or guardian deemed suitable by Yarra Valley Grammar, it is expected that all international students (regardless of age) will reside in homestay arrangements which have been approved by Yarra Valley Grammar. The School will assist with organising homestay placements.

#### GUARDIAN DETAILS

FAMILY NAME \_\_\_\_\_

TITLE (MR/MRS/MS/DR) \_\_\_\_\_

GIVEN NAME(S) \_\_\_\_\_

#### Home contact details

ADDRESS \_\_\_\_\_

TEL: H \_\_\_\_\_

TEL: M \_\_\_\_\_

EMAIL \_\_\_\_\_

#### Work contact details

OCCUPATION \_\_\_\_\_

FIELD OF WORK (EG. FINANCE) \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_

TEL: W \_\_\_\_\_

FAX \_\_\_\_\_

LANGUAGE(S) SPOKEN \_\_\_\_\_

LANGUAGE(S) READ \_\_\_\_\_

#### ACCOMMODATION ARRANGEMENTS

Would you like Yarra Valley Grammar to organise a homestay placement? If yes, please complete the Homestay Requirements section below. If no, please complete the Melbourne Address section below.

#### HOMESTAY REQUIREMENTS

PLEASE INDICATE YOUR PREFERENCES:

	YES	NO	DON'T MIND
- NON-SMOKING HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- OTHER SECONDARY SCHOOL STUDENTS IN HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- CHILDREN IN HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- PETS IN HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE DETAILS OF ANY MEDICAL REQUIREMENTS YOU WILL NEED IN A HOMESTAY PLACEMENT

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE DETAILS OF ANY DIETARY REQUIREMENTS

\_\_\_\_\_

\_\_\_\_\_

#### MELBOURNE ADDRESS

In Melbourne, the student will be living with

FAMILY NAME \_\_\_\_\_

TITLE (MR/MRS/MS/DR) \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL: H \_\_\_\_\_

TEL: M \_\_\_\_\_

TEL: W \_\_\_\_\_

EMAIL \_\_\_\_\_