

INTERNATIONAL APPLICATION FOR ADMISSION

Taylors High School

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

A.E.Q. Siddique
Managing Partner
Student Connection International

LOCAL REPRESENTATIVE INFORMATION

Agent Name student Connection International	Agent URN S19916
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STUDENT DETAILS

Title	Family Name	Given Names
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age
Country of Birth		Date of Birth (day/month/year)
Are you a Citizen or Permanent Resident of Australia Yes <input type="checkbox"/> No <input type="checkbox"/>		Nationality
Home Address		
City	State/Province	
Country	Postcode	
Home Telephone	Mobile	
Email		

FAMILY MEMBER CONTACT DETAILS (IF UNDER 18)

Name	Relationship to Student
Home Address	
City	State/Province
Country	Postcode
Home Telephone	Mobile
Business Telephone	Fax
Email	

VISA DETAILS

Do you have a current Australian Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy of your current visa
Are you applying for a student visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Visa type	Visa subclass
	Visa expiry date

PASSPORT DETAILS

Passport Number	Passport Expiry Date
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Please provide a copy of your current passport

ENGLISH LANGUAGE

All international students must demonstrate an acceptable level of English proficiency to gain admission to the Taylors High School academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

Academic IELTS (score)

Overall	Listening	Reading	Writing	Speaking
Other (please supply)				

For all other tests accepted by the Admissions Department, please refer to taylorscollege.edu.au

PREVIOUS EDUCATION

Please attach verified copies of all academic transcripts or reports (translated into English)

Name of Qualification	Year Awarded
Name of School/College/University	
Country/State	Language of Instruction
If you are currently completing a qualification, please indicate when you expect to complete this study (month/year)	

COURSE SELECTION

Recommended weeks of Taylors English Language Preparation (TELP)					TELP Start Date	
Year:	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>	* Start date dependent on English proficiency		
Start Date*:	January <input type="checkbox"/>	April [^] <input type="checkbox"/>	July [#] <input type="checkbox"/>	October [#] <input type="checkbox"/>	[^] Year 10 and 11 April intake requires prior learning	
[#] July and October intakes are for students transferring from another institution in NSW with partial completion of Year 11						
Year <input type="text"/>						

List subjects that you wish to study. For course descriptions, please visit taylorscollege.edu.au

Subject 1 English	Subject 4
Subject 2	Subject 5
Subject 3	Subject 6

FUTURE STUDIES

The undergraduate course I would like to study at University is: (in order of preference)

Course 1: Bachelor of
Course 2: Bachelor of
Course 3: Bachelor of

CAREGIVER ARRANGEMENTS

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes ☐ No ☐

If no, please advise the name and address in Australia of your Caregiver.

Caregiver's Name
Caregiver's address in Australia

ACCOMMODATION

Do you require assistance with Homestay accommodation? Yes ☐ No ☐

Length of Stay (weeks)	Accommodation start date
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AIRPORT TRANSFER

Do you require airport transfer? Yes ☐ No ☐ If yes, flight details including date, time and flight number should be sent to the Admissions Centre as soon as possible to arrange the airport collection

OSHC DETAILS (IF APPLICABLE)

Do you currently hold an OSHC policy? Yes ☐ No ☐ If yes, please provide the following details

Name of OSHC provider	
OSHC Membership Number	OSHC Expiry Date

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single ☐ Dual Family ☐ Multi Family ☐

DISABILITY

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes ☐ No ☐

If yes, please indicate the area/s of impairment:

Acquired Brain Impairment ☐ Hearing/Deaf ☐ Intellectual ☐ Learning ☐ Physical ☐ Medical Condition ☐
Mental Illness ☐ Mobility ☐ Vision ☐ Other ☐

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes ☐ No ☐

DECLARATION AND SIGNATURE (THIS APPLICATION MUST BE SIGNED; OTHERWISE IT WILL NOT BE ACCEPTED)

☐ By ticking this box I confirm the following:

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that where I do not meet the entry requirements for the selected course or suite of courses that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Taylors College. I authorise Taylors College, where necessary, to obtain from any other education institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Taylors College is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, Taylors College may release information provided in this application to Australian Commonwealth and State agencies.

Taylors College is bound by the Privacy Act (1988) of the Commonwealth of Australia. Taylors College collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in the Privacy Policy which can be found at taylorscollege.edu.au. By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Name (Student or Parent, Legal Guardian*)	Date
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* If applicant is under the age of 18

Note:

- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
- Any school-aged dependents accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

SEND YOUR APPLICATION TO:

Admissions Centre
Level 8, 97-99 Bathurst Street
Sydney NSW 2000, AUSTRALIA
T +61 2 8263 1888
F +61 2 9267 0531
E taylorsadmissions@studygroup.com
or to your local representative