



**ST MATTHEW'S COLLEGIATE SCHOOL
APPLICATION FOR ENROLMENT - INTERNATIONAL STUDENTS**

Student Details: as shown on passport	
First name: _____	Last name: _____
Date of Birth: _____	Nationality: _____
Home Address: _____	
Phone: _____	Fax: _____
Email: _____	
Religious Denomination: _____	

Parent Details:	
Mr: _____	Mrs/Ms: _____
Occupation: _____	_____
Home Phone: _____	_____
Work Phone: _____	_____
Fax: _____	_____
Email Address: _____	_____

Student Medical Information:
Medical Insurance Company: _____
Telephone: _____ Email: _____
Policy Number: _____ Expiry: _____
Medical Problems (if any): _____
Allergies (if any): _____
Special Dietary Requirements (if any): _____

English Language Level:

Please indicate your English Language Level:

Beginner / Elementary / Intermediate / Advanced (Circle one)

Number of years learning English: _____

Other languages (written and/or spoken): _____

Academic Records:

Current School: _____

Address: _____

Telephone: _____ Fax: _____

Class/Level: _____

Subjects being studied: _____

(Please attach English translations of the student's two previous school reports if possible)

Studying at St Matthew's Collegiate School:

Subjects requested:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

