



# Stella Maris Catholic Primary School Dependant and Temporary Full-fee Paying Overseas Student (FFPOS) Application Form

This application form is informed by the Stella Maris Enrolment Policy and Stella Maris 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 ENROLMENT DETAILS

Please provide copy of letter of offer and certificate of enrolment.

|  |   |
|--|---|
| Family name:   | Given name:   |
| Nationality:   | Passport number:  |
| Visa sub-class:<br>If bridging visa, please provide previous visa sub-class: | Tertiary institute name:                                |
| Passport expiry date:  | Visa expiry date:<br>If bridging visa, please write N/A |
| Course start date:   | Course end date:  |

## SIBLING DETAILS

Does the student have a brother or sister currently 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 appropriate support according to their needs, please provide details for all information requested.

Has the student been diagnosed with a medical or health condition?  
If so, please provide details:

Does the student have any special learning needs?  
If so, please provide details:

## EDUCATION HISTORY

In what country has the student been studying? What 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:

Please refer to relevant international student fee rate schedule for updated fee on CEVN.

## Parent Consent

By submitting this form, you consent to the information contained within the form being shared with relevant MACS employees for the purpose of considering your child's application.

I/We have paid the application fee to the school as part of the application process.

Parent 1/Guardian 1/Carer 1  
signature:

Date:

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Parent 2/Guardian 2/Carer 2  
signature:

Date:

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## 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   | <input type="checkbox"/> document translated to English from original language<br><input type="checkbox"/> certified as a true copy of the original         |
| School reports including a grading key for the most recent two years             | <input type="checkbox"/> document translated to English from original language<br><input type="checkbox"/> certified as a true copy of the original         |
| A copy of the parent/guardian/carer's visa                                       | <input type="checkbox"/> copy of the original document  |
| Proof of medical conditions and additional learning needs <i>(if applicable)</i> | <input type="checkbox"/> copy of original document/s<br><input type="checkbox"/> document translated to English from original language <i>(if required)</i> |

|                           |  |
|---------------------------|--|
| <b>Approval authority</b> | Director, Learning and Regional Services |
| <b>Approval date</b>      | 16 October 2023                          |
| <b>Next review</b>        | May 2025                                 |