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FAMIL DE AIL

FA HER

FAMILY NAME

PERSONAL NAME

ENGLISH NAME

TITLE

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E G

Will the student be living with mother and/or father in Australia?	Yes / No	
	If yes, circle: Mother / Father	
If yes, address in Australia		

OR

Does the student require the College to arrange

FAMILY NAME _____ PERSONAL NAME _____

DATE OF BIRTH _____ RELIGION _____

MALE / FEMALE

PLACE OF BIRTH _____ MOBILE PHONE _____

MOTHER'S NAME ! _____ FATHER'S NAME ! _____ !

ADDRESS IN HOME COUNTRY

HOME TELEPHONE NUMBER _____ FAX _____

EMAIL

WHAT IS YOUR LEVEL OF ENGLISH? _____)

Beginner Elementary Intermediate Advanced

WHAT OTHER LANGUAGES DO YOU SPEAK?

DO YOU SMOKE? YES / NO)

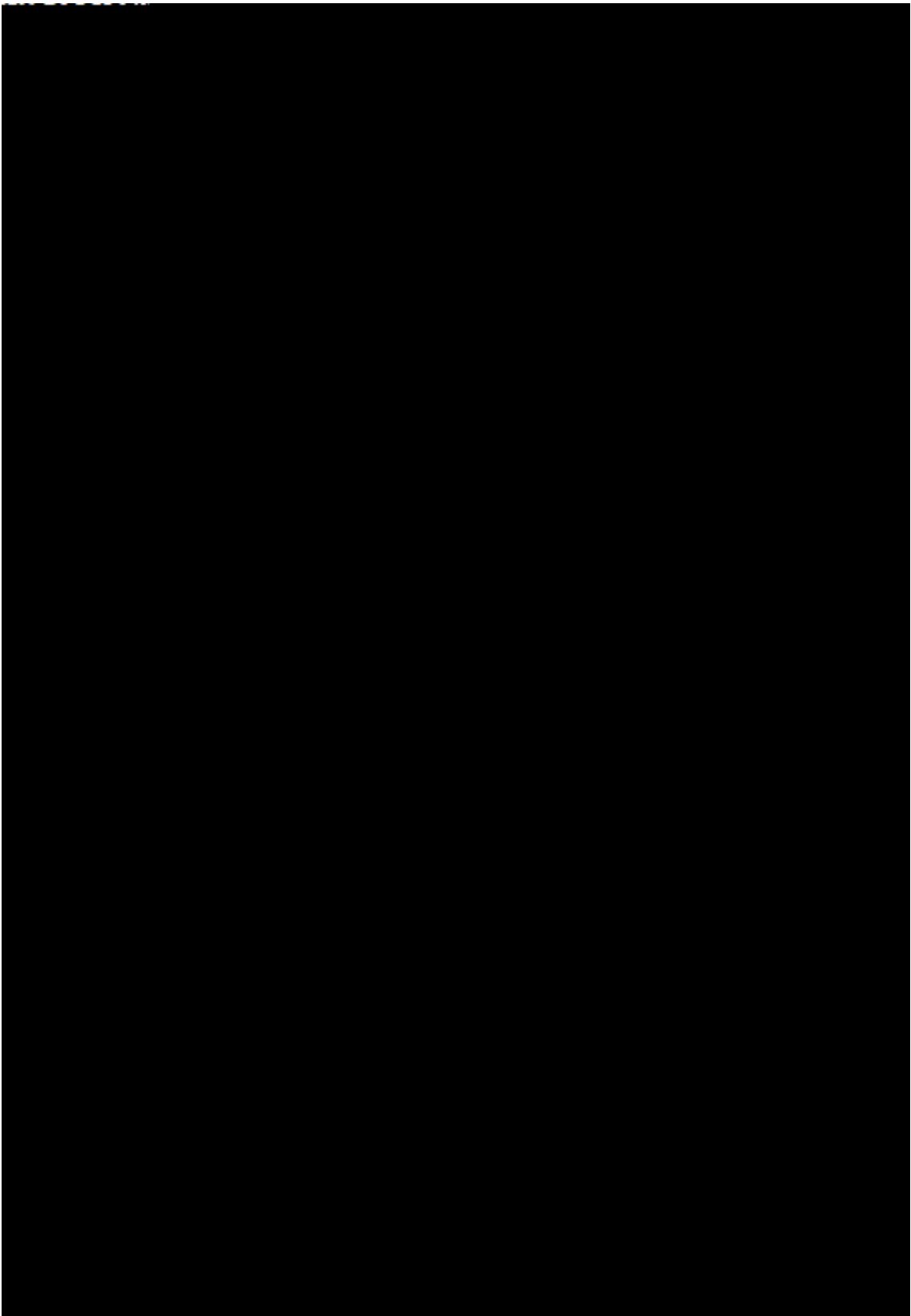
ARE YOU ALLERGIC TO CATS / DOGS / OTHER PETS? YES / NO)

DO YOU HAVE ANY ALLERGIES?

CAN YOU SWIM? YES, VERY WELL / YES, A LITTLE / NO ()

ARE YOU TAKING ANY MEDICATION AT THE MOMENT? WHAT IS IT AND WHAT IS IT FOR?

WHAT



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PLEASE NOTE

Students are advised that the application fee is non-refundable. The fee is used to cover the cost of the application process, including the review of the application and the preparation of the application for the College's study adviser's review. The application review fee is non-refundable, irrespective of whether the student is accepted or not.

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PLEASE NOTE

Application for Admission

1. The student must be at least 17 years old on the date of application.
2. The student must be a resident of the United Kingdom.
3. The student must be a resident of the United Kingdom for at least 12 months prior to the date of application.
4. The student must be a resident of the United Kingdom for at least 12 months prior to the date of application.
5. Any family ties, if any.

MODE OF PAYMENT

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BANK OF AMERICA

ASTERCARD

DIRECT CREDIT

DIRECT CREDIT

Account Name: **STUDENTS**

Account Number: **2500142**

Name: **STUDENTS**

NOTE

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Please complete the following details for credit card payment:

Card Number _____

Expires on _____

Month _____

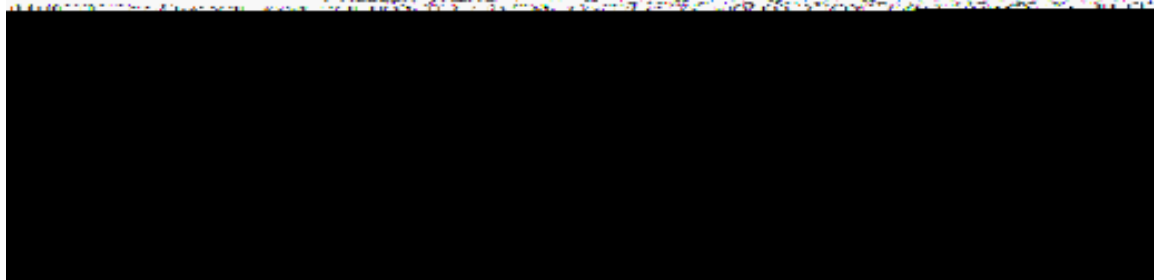
Name of requester _____

Title _____

Telephone _____

Amount to be debited \$ _____

Name on Card _____



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