



International Application Form
**WILDERNESS
SCHOOL**

Student Application

At Wilderness School, the heart of our teaching is a commitment to the emotional and intellectual care of each individual girl and her unique abilities. Wilderness is a School for all kinds of girls. We believe that everyone has unique potential and that our purpose is to help each girl to realise her potential.

5 simple steps to a successful application.

- 1 Read the International Student Handbook
(available at wilderness.com.au)
- 2 Complete the attached application form.
- 3 Gather all of the relevant documentation.
(see checklist)

- 4 Tear off and email or post your completed application form and documentation to:

registrar@wilderness.com.au OR
Att: The Registrar
Wilderness School
PO Box 93
WALKERVILLE, SOUTH AUSTRALIA 5081

- 5 Wait to hear from Wilderness School

If you have any enquiries regarding your application contact the Registrar on:

Telephone: +61 8 8344 6688

Email: registrar@wilderness.com.au

www.wilderness.com.au

Student Details

Family Name: _____ Given Name(s): _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____ Nationality: _____

Current Country of Residence: _____ Passport Number: _____ Exp: _____

Address: _____

Telephone: _____ Email: _____

Present School: _____ Current Year level: _____

In what language have most lessons been taught during the last five years? _____

Languages spoken at home? 1. _____ 2. _____ 3. _____

Proposed entry Year 2 0 __ __ : ☐ January ☐ April ☐ July ☐ October Proposed year level of entry: _____

Visa applying for? ☐ 500 ☐ Other: _____

Boarding or Home Stay preferred: ☐ Boarding ☐ Home Stay ☐ Other _____

How did you hear about Wilderness School? _____

Guardian 1 Details

Family Name: _____ Given Name(s): _____ Title: _____

Permanent Home Address: _____

Postal Address (if different from above): _____

Home telephone: _____ Business telephone: _____ Mobile: _____

Email: _____

English Speaker: ☐ Yes ☐ No | Occupation: _____

Business Name / Employer: _____

Country of Birth: _____ Nationality: _____

Guardian 2 Details

Family Name: _____ Given Name(s): _____ Title: _____

Permanent Home Address: _____

Postal Address (if different from above): _____

Home telephone: _____ Business telephone: _____ Mobile: _____

Email: _____

English Speaker: ☐ Yes ☐ No | Occupation: _____

Business Name / Employer: _____

Country of Birth: _____ Nationality: _____

Special Needs and/or Consideration

Does the student have a known disability eg. intellectual, physical, emotional, vision or hearing? Please provide brief details.

Does the student have any known allergies or medical issues that would require special management eg. dietary, bee-stings?
Please provide brief details.

I hereby consent to allow Wilderness School to obtain treatment for the above student in an emergency as deemed by an officer of the School and agree to pay any medical or ambulance costs incurred.

Signature of Guardian 1 : _____ Date: _____

Signature of Guardian 2 : _____ Date: _____

Declaration of Understanding

I am aware of the conditions of a Sub-Class 500 Student Visa and that this student, if successful in gaining a visa:

- Must meet the academic requirements of the course.
- Must meet the attendance requirements for the program.
- Must have any travel schedules approved before making bookings for travel.
- Must maintain current Overseas Student Health Cover.
- Must meet the obligations to notify the School of any change of address while enrolled at the School.

Acceptance of Terms

I hereby apply for enrolment at Wilderness School. I have read, understood and agree with the Terms and Conditions of Enrolment outlined in the International Student Handbook. I declare that the information supplied by me is true and correct. I agree to pay fees by the due date and have read and understood the cancellation of the refund policy.

Privacy

I understand that some personal information about my daughter may be made available to the Commonwealth and State Agencies and the Education for Overseas Students (ESOS) Assurance Fund Manager.

Signature Guardian 1: _____ Date: _____

Name in block letters: _____

Signature Guardian 2: _____ Date: _____

Name in block letters: _____

CHECK LIST - Have you included:

- ☐ Certified copy of Passport
- ☐ Certified copies of School reports for the last 2 years (certified translations if not English)
- ☐ Certified copies of results for any English language examination or English language study program that has been undertaken in the last 2 years
- ☐ Testimonial reference from Principal/Teacher of School currently attending
- ☐ Certified copies need to be stamped and witnessed



1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to students enrolled at the school, exercise its duty of care, and perform necessary associated administrative activities, which will enable students to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
5. The School may disclose personal and sensitive information for educational, administrative and support purposes. This may include to:
 - other schools and teachers at those schools
 - government departments
 - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN)
 - medical practitioners
 - people providing administrative and financial services to the School
 - people providing educational, support and health services to the School, including specialist visiting teachers, counsellors and sports coaches
 - providers of learning and assessment tools
 - recipients of School publications
 - students' parents or guardians
 - anyone individuals authorise the School to disclose information to
 - anyone to whom we are required to disclose the information by law, including child protection laws.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. Further details about the collection of personal information is set out in the School's Privacy Policy, which is available on the School's website www.wilderness.com.au or from Wilderness School email info@wilderness.com.au or phone 8344 6688.