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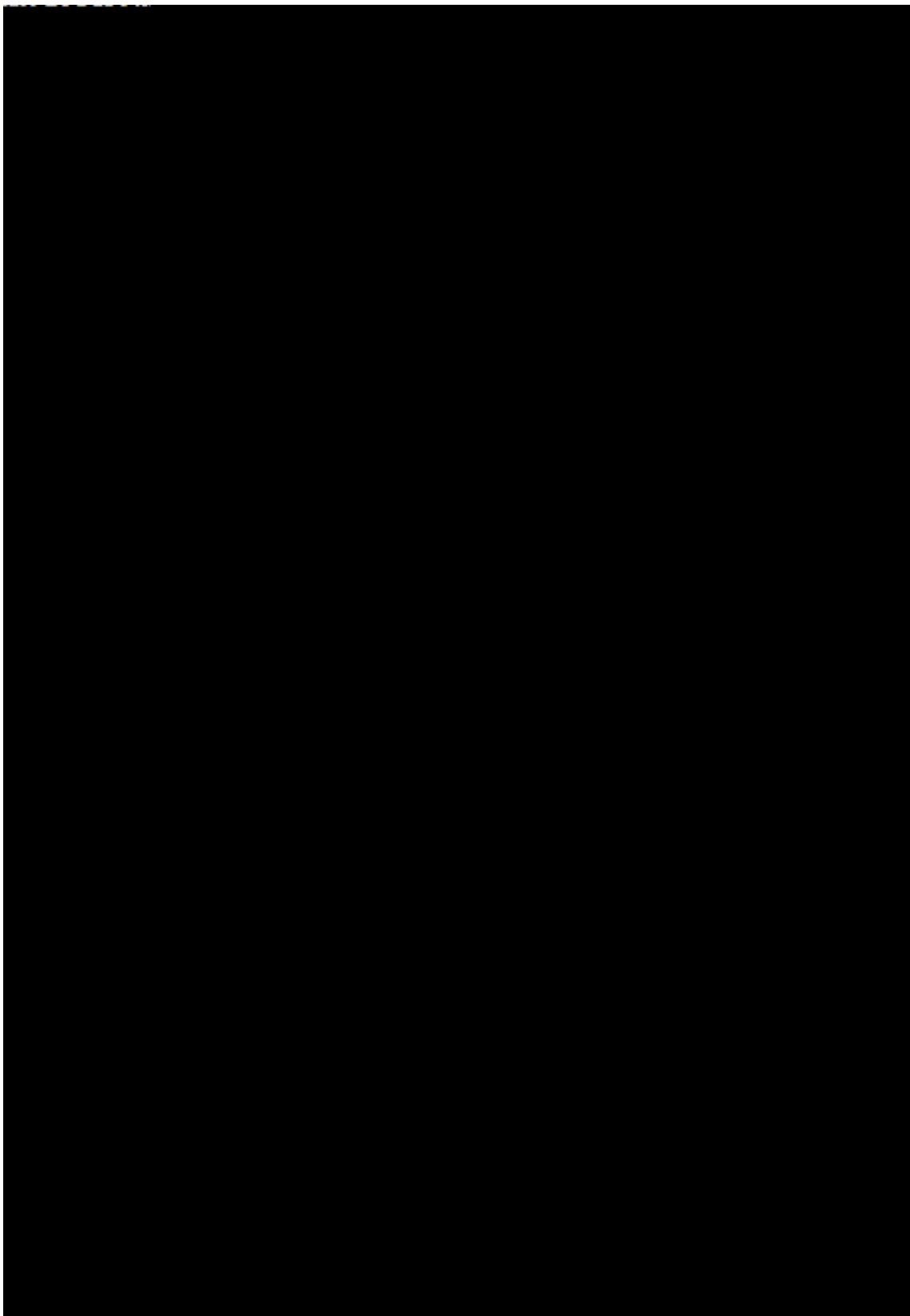
2) , , ,

3) , , ,

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



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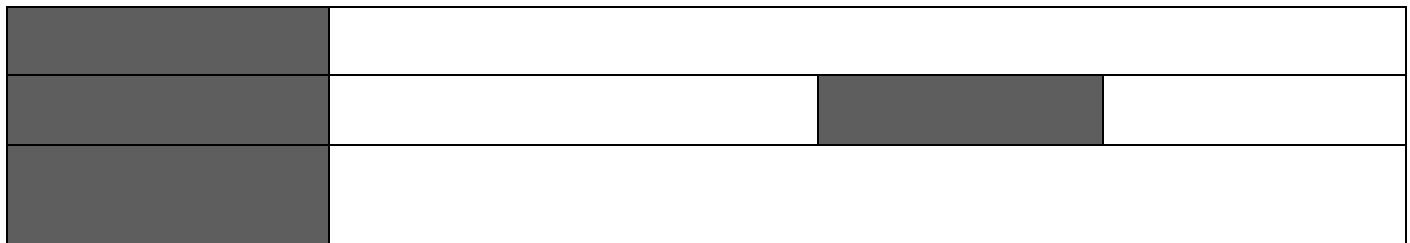
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PLEASE NOTE

The College reserves the right to withdraw or cancel any application if it is found to be incomplete or if the student does not meet the entry requirements. The College is entitled to carry out an interview. If the application meets initial entry requirements, arrangements will be made for the student to attend an interview date and time.

Students are required to provide a copy of their qualifications with the application form. It is the responsibility of the student to ensure that all documents are legible and clearly presented. The College reserves the right to request further documents to be submitted if they are not received within the required time frame.

If the application is successful, the student will receive a letter of acceptance. This letter will contain information about the course, fees, and other relevant details. It will also include a copy of the college's terms and conditions.

ESIND:

Application for Admission
Date of Birth: 12/01/1990
Sex: Male
Address: 123 Main Street, Anytown, USA
Phone: (555) 123-4567
Email: info@anycollege.edu
GPA: 3.5
SAT Score: 1300
ACT Score: 28
AP Courses Taken: Calculus, English, Chemistry
AP Scores: 4.0
IB Courses Taken: Mathematics, English, Chemistry
IB Scores: 3.8
Other Qualifications: Leadership experience in school clubs, volunteer work at local hospital, part-time job at grocery store.
Any Family Circumstances: None

PLANS

1. Planned.

MODE OF PAYMENT

CASH
CHECK
WIRE
MASTERCARD

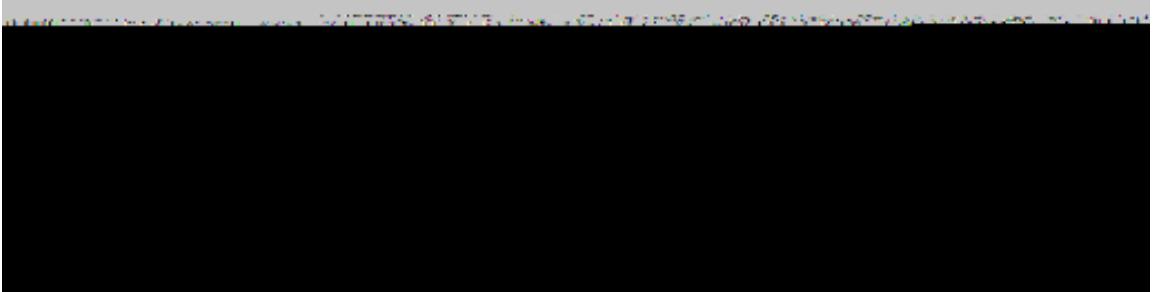
DIRECT CREDIT

Bank Name: ABC Bank
Account #: 1234567890
Name: Christian Doe

NOTE:

Please attach a copy of your bank statement when submitting the application. If you do not have one, you may attach a copy of your bank account statement from the previous month.

Please complete the following details for credit card payment:

| | | | |
|--|-------|-------------------------|-----------|
| Card Number | _____ | | |
| Expires on | _____ | | |
| MM | YY | Name on Card | Telephone |
| | | Amount to be debited \$ | _____ |
| Name on Card | | | |
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