



# UNIVERSITY SENIOR COLLEGE

## APPLICATION FORM

Please complete all sections of the APPLICATION FORM and return with the APPLICATION FEE (\$70.00 GST inclusive and non refundable) to the following address:

Enrolment Officer  
University Senior College  
North Terrace  
UNIVERSITY OF ADELAIDE SA 5005

### OFFICE USE

Student ID: .....  
Data Entered: ..... Date: .....  
Receipt Number: ..... Date: .....

### STUDENT DETAILS

Surname: .....  
Given Names: .....  
Date of Birth: .....  Male  Female  
Residential Address: .....  
Postcode: .....  
Postal Address (if different from above): .....  
Postcode: .....  
Home Phone: .....  
Mobile: .....  
Email: .....

Current Year Level: .....  
Current School Attending: .....  
*If not Australian Resident, please specify visa category*  
Please attach a copy of passport and visa  
Class: .....  
Subclass: .....  
Passport Number: .....  
Expiry Date: .....  
Are you of Aboriginal or Torres Strait Islander origin?  
 No  Yes, Aboriginal  Yes, Torres Strait Islander

### ADMISSION DETAILS

Seeking enrolment at USC in the year: 20 \_\_\_\_  
Year Level:  Year 11 - Semester 1  Year 11 - Semester 2  Year 12\*  Year 13\*  
*\*Please attach current school reports*  
Curriculum area:  Music  Drama  Art/Design  Maths  
Interests:  Science  Humanities  Other: .....

### SIGNATURE

Please be aware that all information is collected in accordance with our privacy policy available on our website

.....  
Student Parent/Guardian 1 Parent/Guardian 2 Date

Please nominate the preferred mobile number for receiving text messages:

### PARENT/GUARDIAN 1

Title:  Mrs  Ms  Miss  Mr  Dr  .....

Surname: .....

Given Names: .....

Relationship to Student: .....

Residential Address: .....

Postcode: .....

Home Phone: .....

Work Phone: .....

Mobile: .....

Email: .....

Occupation: .....

Employer: .....

**If not Australian Resident, please specify visa class**

Please attach a copy of passport and visa

Class: Subclass: .....

Passport Number: .....

Expiry Date: .....

### PARENT/GUARDIAN 2

Title:  Mrs  Ms  Miss  Mr  Dr  .....

Surname: .....

Given Names: .....

Relationship to Student: .....

Residential Address: .....

Postcode: .....

Home Phone: .....

Work Phone: .....

Mobile: .....

Email: .....

Occupation: .....

Employer: .....

**If not Australian Resident, please specify visa class**

Please attach a copy of passport and visa

Class: Subclass: .....

Passport Number: .....

Expiry Date: .....

### HOW DID YOU HEAR ABOUT USC?

- Messenger     Word of Mouth     SA Life     Street Banners     Website     Facebook  
 Advertiser     Radio     Equipd     Other (please specify)

### WHAT ENCOURAGED YOU TO CHOOSE USC?

### APPLICATION FEE PAYMENT - \$70.00

Card Name: .....

Please charge my:  Visa     MasterCard     AMEX    Expiry Date:    /

Card Number:

Card Holder's Signature: .....