UNIVERSITY SENIOR COLLEGE
ADELAIDE

APPLICATION FORM

Please complete all sections of the APPLICATION FORM and return with the APPLICATION FEE ($80.00 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

Family Name: .....

Given Names: .....

Date of Birth: ..... ☐ Male ☐ Female ☐ Other

Residential Address: .....

.....

.....

Postcode: .....

Postal Address (if different from above): .....

.....

.....

Postcode: .....

Home Phone: .....

Student Mobile: .....

Student Email: .....

.....

.....

Does the student live with:

☐ Both Parents ☐ Father ☐ Mother ☐ Each Parent

☐ Other (please specify) .....

.....

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 10 - Semester 1 ☐ Year 10 - Semester 2 ☐ Year 11 - Semester 1 ☐ Year 11 - Semester 2 ☐ Year 12* ☐ Year 13*

Please attach current school reports

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 ☐ .....

Family Name:

Given Names:

Relationship to Student:

Relationship to Parent/Guardian 2:

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 ☐ .....

Family Name:

Given Names:

Relationship to Student:

Relationship to Parent/Guardian 1:

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?

☐ Bus Shelter ☐ Street Banner ☐ Old Scholar ☐ Radio ☐ SA Life

☐ Bus ☐ Word of Mouth ☐ Social Media ☐ Digital Billboard ☐ University of Adelaide

☐ Tram ☐ Sibling/Family ☐ Website ☐ Shopping Centre ☐ Other *(please specify)*

WHAT ENCOURAGED YOU TO CHOOSE USC?

APPLICATION FEE PAYMENT - $80.00

Card Name:

Please charge my: ☐ Visa ☐ MasterCard ☐ AMEX Expiry Date: /

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Holder's Signature: