



APPLICATION FORM

Please complete the *APPLICATION FORM* and send with the *APPLICATION FEE* (\$55 GST inclusive and non refundable) to the following address:-

Registrar
University Senior College
North Terrace
UNIVERSITY OF ADELAIDE SA 5005

Please complete all sections and enclose \$55 Application Fee

Personal details of **STUDENT APPLICANT**

Family Name: _____

Given Names: _____

Postal Address: _____

Date of birth: _____ Male: Female:

Please supply NAME/S and DAYTIME contact number/s to arrange time and day for applicant's interview and testing appointment: _____

Parent/Guardian Names: _____

Current school attending: _____

Current year level: _____

Seeking enrolment in: Year 11 Semester 1 Semester 2 in 20__

Year 12 in the year 20__

Year 13 in the year 20__

PLEASE TURN OVER TO COMPLETE FORM



Has your son / daughter ever been assessed by a professional?

Psychologist No Yes

Psychiatrist No Yes

Medical Specialist No Yes

Other No Yes

If so, please comment

Does your son / daughter currently take medication? No Yes

If so, please comment

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

CREDIT CARD AUTHORITY TO PAY APPLICATION FEE - \$55

Card Name: _____

Cards accepted: Master Card / Visa (please circle) Expiry Date: ____/____

Card Number:

Card Holder Signature: _____

Please note: If paying by AMEX a 3% fee will be charged to cover the merchant fees charged by AMEX.