



Catholic Education - Diocese of Rockhampton

APPLICATION FOR STUDENT ENROLMENT

Student Name: _____

Year of Entry: _____

Year Level in which the student is enrolling?

Primary Prep 1 2 3 4 5 6

Is Student repeating a year? YES NO **Status:** Day Student Boarder

SECTION 1

STUDENT DETAILS

Student's Legal Name:

Surname

First and middle names

Preferred First Name:

Date of Birth: / /

(Not nickname as this will go on school reports)

Postal Address:

Post Code:

Residential Address: *(If different from above)*

Post Code:

Gender: Male Female

Religion: *(Please tick one only)*

Parish:

- | | | | | | |
|------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Methodist | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Anglican | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Australian Indigenous Traditional | <input type="checkbox"/> |
| Uniting | <input type="checkbox"/> | Greek Orthodox | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Lutheran | <input type="checkbox"/> | Russian Orthodox | <input type="checkbox"/> | Non-Denominational | <input type="checkbox"/> |
| Apostolic | <input type="checkbox"/> | Other Christian | <input type="checkbox"/> | | |
| Presbyterian | <input type="checkbox"/> | Islamic | <input type="checkbox"/> | | |
| Church of Christ | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Other, please specify..... | |

Sacraments: *(Documentary evidence required)*

| | Date | Church | Place |
|--------------|------|--------|-------|
| Baptism | / / | | |
| Eucharist | / / | | |
| Confirmation | / / | | |

Is the Student in the care of the State? NO YES *If YES – please attach supporting legal documents.*



STUDENT BACKGROUND INFORMATION

Country of Birth:

In which country was the student born?

Australia
 Other
 (Please specify)

Country of Citizenship:

In which country does the student currently hold citizenship?

Australia
 Other
 (Please specify)

Proof of the student’s Australian Citizenship must be provided if:

- the student was not born in Australia or,
- the student was born in Australia and the student’s parents were not born in Australia or were not Australian Citizens at the time of the student’s birth.

If the student is not an Australian Citizen, please provide the following information and supporting documentation:

Country of Passport Issue: Date of Entry into Australia: ____ / ____ / ____

Current Visa class For principal holders write “P” in the last box, for subordinate holders write “S”.

Current Visa sub-class Permanent Visa
 Temporary Visa please provide the date of expiry: ____ / ____ / ____

Is the student an Overseas Student who holds a Visa sub-class 570, 571, 572, 573, 574 or 575? YES NO
 If Yes, the student may not attract recurrent funding and may be required to pay full fees.

Do you consent to the school verifying the student’s Visa status with the Australian Department of Immigration and Border Protection, if required? YES NO

Student’s first language (What was the language/s used most by the student when he/she was learning to talk?)
 English
 Other/s
 (Please specify)

Does the student speak a language other than English at home?
 No, English only
 Yes, Other
 (Please specify)

Is the student currently enrolled at another school?
 No

If Yes:
 Name of School..... State/TerritoryCurrent Year Level.....

Student’s Indigenous status Is the student of Aboriginal or Torres Strait Islander origin?
 No Yes, Torres Strait Islander
 Yes, Aboriginal Yes, both Aboriginal & Torres Strait Islander

If YES - Student’s Indigenous tribal grouping / clan name / other (if applicable)

If YES - Student’s skin name (if applicable)



PREVIOUS EDUCATION DETAILS

Student’s previous education details – including Pre-Prep, Kindergarten and/or Other Schooling

The Principal or delegate may contact previous schools to gather information relating to the educational requirements for the student.

(Attach an additional sheet if necessary)

| Name of Previous School/Service attended | Date of Leaving | Year, Grade or Level attained | State or Territory | Country (if not Australia) |
|--|-----------------|-------------------------------|--------------------|----------------------------|
| | / / | | | |
| | / / | | | |
| | / / | | | |

SPECIAL FAMILY CIRCUMSTANCES

Family circumstances e.g. single parent, dual custody, foster care, access restrictions (give details)

.....

Student Resides with:

Do supporting legal documents exist (e.g. Family Court Orders, access restrictions, Parenting Plans)?

Yes No

Are all such documents attached? Yes No



SIBLING INFORMATION

List all children in the family from ELDEST to YOUNGEST – including the enrolling student.
 Indicate HOUSE or Home Group name only if enrolling student has an older sibling at the same school/college.

| Brother’s/Sister’s Given names | Surname | DOB | School | House or Home group (If applicable) | Year Level |
|--------------------------------|---------|-----|--------|-------------------------------------|------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |



STUDENT MEDICAL INFORMATION

Family Doctor: **Phone Number:**

Family Dentist: **Phone Number:**

Indicate if the student has been affected by or suffers from any of the following? *(Please circle Yes or No)*

| | | | | | |
|---|----------|------------------------------|----------|------------------------|----------|
| Prenatal concerns | Yes / No | Asthma | Yes / No | Stomach complaints | Yes / No |
| Birth concerns | Yes / No | Headaches | Yes / No | Very high temperatures | Yes / No |
| Postnatal concerns | Yes / No | Head injury | Yes / No | Glandular fever | Yes / No |
| Vision concerns | Yes / No | Frequent colds | Yes / No | Ross River Virus | Yes / No |
| Hearing concerns | Yes / No | Ear infections | Yes / No | Rheumatic fever | Yes / No |
| Speech concerns | Yes / No | Epilepsy | Yes / No | Anorexia nervosa | Yes / No |
| Allergies | Yes / No | Diabetes | Yes / No | Bulimia | Yes / No |
| Anaphylaxis | Yes / No | Specific learning difficulty | Yes / No | Other (state below) | Yes / No |
| Knocked unconscious | Yes / No | Mental Health Issues | Yes / No | | |
| If Yes to any of the above please provide necessary medical information: <i>(Attach a separate sheet if necessary)</i> | | | | | |
| | | | | | |
| | | | | | |

List any medical alerts, diseases, surgery or disorders, or recurring illnesses:

.....
.....

Does the student suffer from any significant allergy? No Yes If Yes – please specify:

.....
.....

Does your child require an individual health or action plan for their medical condition?
(If this situation changes the school must be advised in writing.) No Yes

Is the student taking any medication regularly? No Yes If Yes – please specify, and request the *Medication Consent Form* at interview

.....
.....

Any other medical information of which the school should be aware:

.....
.....

Are there any sports in which the student should NOT participate? No Yes If Yes – please specify:

.....
.....



IMMUNISATIONS

It is highly recommended that the authorising parent/guardian/carer complete this section.

Under the Queensland *Public Health Act 2005*, Chapter 5, legislation is in place to protect all students against a vaccine preventable contagious condition.

Please indicate which of the vaccinations listed your child has received.

Yes - tick those given

No - leave blank

Usual vaccinations up to 5 years of age

| | |
|---|--------------------------|
| Hepatitis B Vaccine (HEB) | <input type="checkbox"/> |
| Combined Diphtheria Tetanus Pertussis (DTP) | <input type="checkbox"/> |
| Poliomyelitis Oral or Injectable (OPV) | <input type="checkbox"/> |
| Haemophilus Influenzae Type B (HIB) | <input type="checkbox"/> |
| Measles, Mumps & Rubella (MMR) | <input type="checkbox"/> |
| Meningococcal Group C (MEN) | <input type="checkbox"/> |
| Varicella (Chickenpox) (VZV) | <input type="checkbox"/> |
| Pneumococcal (PCV) | <input type="checkbox"/> |

Additional vaccinations

| | |
|---|--------------------------|
| Diphtheria and Tetanus (CDT) | <input type="checkbox"/> |
| Twinrix vaccine (combined Hepatitis A & B vaccine) | <input type="checkbox"/> |
| Influenza (FLU) | <input type="checkbox"/> |

Departmental Record Provided Yes No

SPECIALIST ASSESSMENT

Has the student been assessed or treated by any of the following specialist services?

| Service | Yes/No | Name of Centre / Practitioner | Report Attached Yes/No | Date of Most Recent Visit | Is Your Child Attending Now? |
|--------------------------|--------|-------------------------------|---------------------------|---------------------------|------------------------------|
| Child Guidance | | | | | |
| Speech Pathologist | | | | | |
| Occupational Therapist | | | | | |
| Physiotherapist | | | | | |
| Psychiatrist | | | | | |
| Psychologist | | | | | |
| Specialist Clinic | | | | | |
| Audiology Clinic | | | | | |
| Learning Support Teacher | | | | | |
| Paediatrician | | | | | |
| Optometrist | | | | | |
| State Education Guidance | | | | | |
| Other | | | | | |



EDUCATION ADJUSTMENT PROGRAM INFORMATION

Has the student been ascertained or has a diagnosis been verified through profiling for Education Adjustment Program (EAP). No Yes If Yes, please indicate below the student’s current ascertainment / verified diagnosis.

| Category | Tick | Level (if applicable) |
|----------------------------|--------------------------|-----------------------|
| Intellectual Impairment | <input type="checkbox"/> | |
| Speech Language Impairment | <input type="checkbox"/> | |
| Autistic Spectrum Disorder | <input type="checkbox"/> | |
| Social Emotional Disorder | <input type="checkbox"/> | |
| Hearing Impairment | <input type="checkbox"/> | |
| Vision Impairment | <input type="checkbox"/> | |
| Physical Impairment | <input type="checkbox"/> | |

ADDITIONAL INFORMATION

Indicate any other physical, social/emotional, or intellectual conditions which may affect learning, school activities or which may require additional or emergency attention at school:

| |
|--|
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| |
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SECTION 2

PARENT / GUARDIAN / CARER INFORMATION

PLEASE NOTE: There are six parts to this section – please read carefully before completing either PART A or PART E.

PART A

DETAILS OF THE PERSON(S) RESPONSIBLE FOR THE DAY-TO-DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES

| Parent / Guardian / Carer No 1 | Parent / Guardian / Carer No 2 |
|--|--|
| Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Rev <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> | Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Rev <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> |
| Given Name/s: | Given Name/s: |
| Surname: | Surname: |
| Date of Birth: | Date of Birth: |
| Religion: | Religion: |
| Parish: | Parish: |
| Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify:</i> | Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify:</i> |
| Residential Address: | Residential Address: |
| City: | City: |
| State: Post Code: | State: Post Code: |
| Postal Address (if different from above): | Postal Address (if different from above): |
| City: | City: |
| State: Post Code: | State: Post Code: |
| Driver's Licence: | Driver's Licence: |
| Home Phone: | Home Phone: |
| Mobile Phone: | Mobile Phone: |
| SMS Contact No.: | SMS Contact No.: |
| E-mail Address: | E-mail Address: |
| Would you prefer to receive your school fees account electronically? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO – account will be posted to your home address. | Would you prefer to receive your school fees account electronically? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO – account will be posted to your home address. |
| Occupation: | Occupation: |
| Workplace: | Workplace: |
| Work Phone: | Work Phone: |



PART B

ADDITIONAL EMERGENCY CONTACTS

For an emergency where the parent/guardian/carer cannot be contacted, please give details of who should be contacted and order of priority

| Priority | Name | Emergency Phone 1 | Emergency Phone 2 | Relationship to Student |
|-----------------|------|-------------------|-------------------|-------------------------|
| 1 st | | | | |
| 2 nd | | | | |
| 3 rd | | | | |

PART C

PARENT / GUARDIAN BACKGROUND INFORMATION

As required under the Australian Government Schools Assistance Act 2004

Parent/Guardian 1 language background

Does parent/guardian 1 speak a language other than English at home?

No, English Only
 Yes, Other – please specify

.....

Parent/Guardian 2 language background

Does parent/guardian 2 speak a language other than English at home?

No, English Only
 Yes, Other – please specify

.....

What is the highest year of primary or secondary school parent/guardian 1 has completed

Mark one box only in each column

(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Year 9 or equivalent or below
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

What is the highest year of primary or secondary school parent/guardian 2 has completed

Mark one box only in each column

Year 9 or equivalent or below
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

What is the highest qualification the parent/guardian 1 has completed *Mark one box only in each column*

No non-school qualification*
 Certificate I - IV (including trade)
 Advanced Diploma/Diploma
 Bachelor Degree or above

What is the highest qualification the parent/guardian 2 has completed *Mark one box only in each column*

No non-school qualification*
 Certificate I – IV (including trade)
 Advanced Diploma/Diploma
 Bachelor Degree or above

**No non-school qualification means you have gained no further qualification since leaving school*

What is the occupation group of parent/guardian 1?

What is the occupation group of parent/guardian 2?

To answer this question please refer to the List of Parental Occupation Groups on Page 9. If the person is not currently in paid work but has had a job or retired in the last 12 months, please use the person's last occupation.

If the person has not been in paid work in the last 12 months, please write "8" in the box below.

(Write 1, 2, 3, 4 or 8)

(Write 1, 2, 3, 4 or 8)



LIST OF PARENTAL OCCUPATION GROUPS

The following list of parental occupation groups refers to Part C

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.

Senior executive/manager/department head in industry, commerce, media or other large organisation

Public service manager (section head or above), regional director, health/education/police/fire services administrator

Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)

Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)

Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate professionals generally have diploma/technical qualifications and support managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. *All tradesmen/women are included in this group.*

Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff

Office (secretary, personal assistant, desktop publishing operator, switchboard operator)

Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)

Service (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, Waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants

Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)

Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)

Assistant/aide (trades' assistant, school/teachers' aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

Agriculture, horticulture, forestry, fishing, mining Worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car ark attendant, crossing supervisor)

Defence Forces ranks below senior NCO not included Above

Group 8: A person has not been in paid work in the last 12 months.



PART D

PERSON TO RECEIVE ACCOUNTS

Complete this section ONLY if account is to be sent to **only one** of the parents/guardians/carers listed in Part A of Section 2 **OR a third party.**

| | | | | | | |
|------------------------------|-------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|--------------------------------------|
| Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Mr <input type="checkbox"/> | Rev <input type="checkbox"/> | Dr <input type="checkbox"/> | Other <input type="checkbox"/> |
| Given Name/s: | | | | | | |
| Surname: | | | | | | |
| Postal Address: | | | | | | |
| City: | | | | | | |
| State: | | | Post Code: | | | |
| Relationship to Student: | | | | | | |

PART E

DETAILS OF PARENTS NOT LIVING WITH THE STUDENT (NON-CUSTODIAL)

If you complete this section then you must also complete Special Family Circumstances in Section 1 of the Enrolment Form.

| Parent No 1 | Parent No 2 |
|---|---|
| Mrs <input type="checkbox"/> | Mrs <input type="checkbox"/> |
| Miss <input type="checkbox"/> | Miss <input type="checkbox"/> |
| Ms <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Mr <input type="checkbox"/> | Mr <input type="checkbox"/> |
| Rev <input type="checkbox"/> | Rev <input type="checkbox"/> |
| Dr <input type="checkbox"/> | Dr <input type="checkbox"/> |
| Other <input type="checkbox"/> | Other <input type="checkbox"/> |
| Given Name/s: | Given Name/s: |
| Surname: | Surname: |
| Date of Birth: | Date of Birth: |
| Religion: | Religion: |
| Parish: | Parish: |
| Relationship to Student: | Relationship to Student: |
| Residential Address: | Residential Address: |
| City: | City: |
| State: | State: |
| Post Code: | Post Code: |
| Postal Address (if different from above): | Postal Address (if different from above): |
| City: | City: |
| State: | State: |
| Post Code: | Post Code: |
| Driver's Licence: | Driver's Licence: |
| Home Phone: | Home Phone: |
| Mobile Phone: | Mobile Phone: |
| E-mail Address: | E-mail Address: |
| Occupation: | Occupation: |
| Workplace: | Workplace: |
| Work Phone: | Work Phone: |



PART F

PERSON(S) TO RECEIVE SCHOOL REPORTS

(Complete this section ONLY if school reports are to be forwarded to a person other than both Parents/Guardians/Carers listed in PART A above)

| | |
|---|---|
| Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Rev <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> | Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Rev <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> |
| Given Name/s: | Given Name/s: |
| Surname: | Surname: |
| Postal Address: | Postal Address: |
| City: | City: |
| State: Post Code: | State: Post Code: |
| Email Address: | Email Address: |
| Relationship to Student: | Relationship to Student: |



SECTION 3

ENROLMENT CONTRACT

Terms and Conditions

| | |
|------------------------------|-------------------------------|
| Student Family Name | Student Given Name(s): |
| | |
| Guardian Family Name: | Guardian Given Name: |
| | |
| | |

1. Ethos & Governance

- 1.1. You seek a Catholic education for Your Student and support the Christian values of the School, the religious education and other school initiatives that actively espouse and promote Christian values.
- 1.2. You understand that Your Student is reasonably expected to participate in and support School faith activities and respect the religious principles and practices of the School.
- 1.3. The School is operated by the Roman Catholic Trust Corporation for the Diocese of Rockhampton represented by Catholic Education Diocese of Rockhampton and the Principal has delegated authority to accept or reject this Application and if accepted, these terms and conditions constitute the terms and conditions of the Student's enrolment.

2. Applicant's Obligations

- 2.1. You agree:
 - a. to encourage Your Student to attend School during School hours at all times during the Term;
 - b. to seek consent from the School for Your Student's early departure during School hours, or for periods of non-attendance during the Term;
 - c. to notify the School if Your Student does not live with You, or in Your care;
 - d. if there is a change in your role as the Student's parent, carer or legal guardian, then You must notify the School as soon as possible and provide any documentation evidencing the change;
 - e. if You are more than one person; to not, unnecessarily involve the School in disputes between yourselves;
 - f. to inform and keep the School informed of any additional needs of Your Student including any assistance requirements, learning support requirements, dietary or health requirements;



- g. to communicate with the School, its staff, students, parents and other stakeholders in a respectful and courteous manner using appropriate methods of communication;
- h. to encourage Your Student to wear the School uniform in an appropriate manner in accordance with the School values;
- i. to support and encourage Your Student to abide by the Policies and Procedures and the School's administration of same;
- j. that the School determines when (within normal school hours), how and who provides the education services to Your Student;
- k. to encourage Your Student to attend all compulsory subjects and activities as determined by the School from time to time;
- l. that the School may determine which subjects and activities are offered by the School from time to time and which subjects or activities are compulsory or non-compulsory; and
- m. to support and encourage Your Student to take part in the School's Catholic faith based activities and to respect the religious principles and practices of the School.

3. Security & Safety

3.1. You acknowledge, understand and agree that:

- a. the School seeks to maintain a safe learning environment for all students and staff;
- b. the Principal may, at any time and without any reason; search the Student's possessions including any bag, locker, mobile device, computers and storage devices;
- c. the School may confiscate and retain (and pass to the relevant authorities if necessary) from Your Student any articles, materials or personal property that the School may determine are illegal, forbidden or dangerous;
- d. You (or any of your authorised delegates) must collect the Student, visit and attend the School in accordance with the School's Security Procedures;
- e. the Student's personal property is not insured by the School;
- f. the School is not liable for and you release the School from any liability, loss or damage to the Student's personal property; and
- g. the School may use surveillance devices, including sound recording devices, image recording devices and surveillance software on School electronic devices and on the School grounds.

3.2. You indemnify the School against and release the School from:

- a. loss of or damage to You or the Student's property and claims in respect of personal injury or death or loss of, or damage to, any other property arising out of or as a consequence of You or Your Student failing to properly carry out You or the Student's obligations under this Agreement; and



- b. any other cost, expense, loss, damage or other liability suffered or incurred by the School, including any third party claim, caused by a breach of this Agreement by the Student or You.

but the indemnity will be reduced proportionally to the extent that any negligent act or negligent omission of the School caused the injury, death, loss, damage, cost, expense or liability.

- 3.3. You will be responsible for the costs of repairing or replacing any damage to School property (including building, grounds, plant or equipment) that is caused by the Student or You.

4. Privacy

- 4.1. The School collects and manages personal information (as defined in the Privacy Laws) about Students at the School in accordance with the School's Privacy Policy. The primary purpose of collecting the information is to enable the School to use it for all actions connected with educating Your Student.
- 4.2. You agree that Your personal information and the Student's personal information may be used for educational and ancillary purposes, unless otherwise reasonably requested by you in writing. This may include disclosure to other schools, educational institutions, accreditation and assessment agencies and so on.
- 4.3. You agree that the School may make any enquiry at any previous/current school/s attended by Your Student and that the School may request a transfer of documents in accordance with the *Education (General Provisions) Act 2006 (Qld)* s 386, 387 and 388.
- 4.4. You will provide the School with any information it requires with respect to You or Your Student from time to time; including personal information about Your Student, their education and information about Your financial position.

Consents

5. Consent from Parents

- 5.1. This clause 5 applies only if there is more than one of You.
- 5.2. You agree that the School may act upon the instruction, direction or authority of either of You in regard to any issue regarding the Student without obtaining the consent of both of You unless, and to the satisfaction of the Principal:
 - a. A written consent to do otherwise is provided by both Parents; or
 - b. You both provide conflicting instructions (in which case the Principal will take no action until a decision is made); or
 - c. A court order directing otherwise is provided to the School.

6. Illness, Injury and Medical Assistance

- 6.1. If the Principal determines that an emergency exists and You are unable to be contacted within a reasonable amount of time, then You authorise the Principal to (on behalf of You and at Your expense):



- a. Arrange and consent to any medical assistance, treatments or procedures (including the administration of any medication, anaesthetic or blood transfusion) as the Principal determines is reasonably necessary for the Student's good health;
- 6.2. You are solely responsible for any dental, medical, hospital and other expenses that arise as a result of an injury or illness sustained by the Student while he or she participates in any activity at the School or organised by the School. You are solely responsible for obtaining insurance to meet the costs of any such injury or illness.
- 6.3. You indemnify and release the School from any claim, loss, expense or damage of any nature, including financial loss and all legal costs and expense on a full indemnity basis; suffered or incurred by You or the Student arising out of or in connection with any act or omission of any person acting pursuant to this clause 6 including any medical practitioner or nurse whether employed by the School or not.

7. Consents

7.1. Media Consent - YES NO

a. If you have selected YES, then:

- i. You consent to the School using in full or in part and without compensation; the Student's name, image, recording or the Student's written, artistic or musical works (the "Material") held by the School for inclusion in any advertising or promotional materials including the School website, newsletter, social media, marketing campaigns or promotional materials;
- ii. You release the School for all liability, loss, damage or injury that You or the Student may sustain as a result of the publication by the School of any of the Material pursuant to clause 7.1(a) (i); and
- iii. You may withdraw this consent at any time by providing a notice in writing to the School, however no compensation will be given for any use of the Material prior to withdrawal of the consent and the School will not be required to withdraw or cease any active marketing campaign using the Material, or recall or remove any of the Material from any other document, location or instrument where the Material is published.

7.2. Information Sharing Consent YES NO

a. If you have selected YES, then:

- i. You consent to the School sharing the Student and Your name, address, telephone numbers and occupation to the School's affiliates, including any Parent's and Friends Association, Parent Network, Past Student's Association sporting and cultural groups; and
- ii. You understand that the organisations that the School may pass this information to may not be controlled by the School and once the information is passed, the School may not be able to control how the information is used.



7.3. Category A Activity (day or shorter) Consent YES NO

- a. A Category A Activity includes any syllabus, sporting or extracurricular activity approved by the Principal which is typically a day or shorter in length and may include a travel component;
- b. You consent to the Student participating in all Category A Activities the School may offer from time to time. The School is not required to seek any further consent from You with respect to a Category A Activity; and
- c. You will contact and notify the School prior to the relevant Category A Activity, if the Student is unable to participate in a particular Category A Activity.

7.4. Category B Activity (longer than a day) YES NO

- a. The School may, if it deems it necessary, seek a specific consent from You for the Student to participate in any Category B Activity; and
- b. A Category B Activity includes any syllabus, sporting or extracurricular activity approved by the Principal which involves an overnight stay component, long distance travel or involves a high risk activity.

8. Making payments under this Agreement

8.1. You must pay the Fees within 14 days of the date of a Statement of Account issued by the School. Or within 30 days of the date of a Statement of Account if billed annually.

8.2. Fees means all fees and levies charged by the School pursuant to the Schedule of Fees, which can be accessed at <http://www.rok.catholic.edu.au>, any fees charged pursuant to any other agreement in place between the School and You and any fees charged otherwise pursuant to this Agreement.

8.3. The School may vary the Fees provided that:

- a. any change in Fees will be notified to Applicant in writing via a method determined by the School acting reasonably, including any School newsletter, letter or other communication; and
- b. the change will not be implemented until after the end of the Term in which the Notice is given and if Notice is given during a School holiday, then the change will not be implemented until after the end of the Term, immediately following the holiday period in which the Notice is given.

8.4. If School Fees are not paid by the due date for payment, the School (at its election and subject to any debt collection procedures, the School may choose to activate):

- a. may suspend or terminate this Agreement;
- b. may charge default interest on the outstanding amount at the rate of 10% per annum;
- c. may restrict Your Student's participation in activities, sports, camps, excursions and retreats;



- d. may charge a reasonable additional fee where Fees are paid after the due date to compensate the School for the loss that it has suffered because the Fees were not paid by the due date; and
 - e. may charge any legal fees or other costs on a complete indemnity basis incurred by the School in any action taken to recover the Fees.
- 8.5. Without creating an obligation for the School to do or not do anything, the School acknowledges that the above steps are applied with Christian values, as far as is reasonably viable for the School.
- 8.6. Regardless of whether the Application is accepted or not accepted, the Enrolment Application Fee is non-refundable.
- 8.7. If the Student is absent during a School Term for any reason, then there is no concession of the Fees for the absence, unless agreed in writing by the Principal. You may request a concession of Fees for absences or early termination of the Agreement during a Term and this may be granted by the Principal at their complete discretion. Hardship cases will be given careful consideration.

9. Term, suspension and termination of this Agreement

- 9.1. This Agreement terminates:
- a. On completion of the Student's education;
 - b. By You with written notice to the School at least two weeks prior to the end of Student's final term. Failure to provide such notice will entitle the School to charge a late termination fee which is to be an amount determined by the School acting reasonably, but in any event, will not exceed one full Term's School Fees; and
 - c. By the School if the School determines that:
 - i. the Student fails to comply with the Policies and Procedures;
 - ii. You breach this Agreement;
 - iii. You fail to disclose information reasonably requested by the School,and the School is not required to refund Fees if the Agreement is terminated part way through the Term, though the School Principal may decide otherwise in writing with You.
- 9.2. Termination of this Agreement does not affect any rights accrued before termination.

10. General Matters

- 10.1. Except for the express warranties set out in this Agreement and except to the extent that applicable law provides otherwise, the School disclaims all warranties. To the maximum extent permitted by applicable law, all conditions and warranties that would be implied (by statute, general law, custom or otherwise) are expressly excluded.



- 10.2. If any condition or warranty is implied into this Agreement under the *Competition and Consumer Act (Cth)*, or under any equivalent legislation, and cannot be excluded, the liability of the School for breach of the condition or warranty is limited to one or more of the following, at the option of School:
- a. the supplying of the services again; or
 - b. the payment of the cost of having the services supplied again.
- 10.3. The School may change these conditions, provided it gives You written notice and that the new conditions take effect at the end of the Term in which the notice is provided, or if notice of the change is provided during a School holiday, then the new conditions will take effect after the end of the Term following the School holidays.
- 10.4. If the Applicant decides to change the terms of the enrolment, including particularly, the parties to the Enrolment Contract, the Applicant understands that those changes may only be agreed with the written consent of the School.
- 10.5. You agree that:
- a. this Application is a pre-requisition for enrolment but is not a guarantee of enrolment;
 - b. this is an Application for Enrolment that must be signed by You (and if more than one of You, by each of You); and
 - c. The School may offer a place to any Student at its complete discretion.
- 10.6. You consent to the use of electronic communication with relation to this Agreement, including the submission of this document as an offer, any acceptance by the School of this offer and the performance of any subsequent agreement.
- 10.7. Nothing in this document creates any obligation on the School to accept the Application and create an Agreement.
- 10.8. This Agreement is governed by the laws of the State of Queensland and the Commonwealth of Australia.

11. Words defined in this Agreement

- 11.1. The following words are defined in this Agreement:
- a. **You/your** means the person/people named as Applicants in the Application.
 - b. **Application** means the Application for Enrolment accompanying these Conditions.
 - c. **Agreement** means these Conditions, the Application and any schedules and annexures.
 - d. **Conditions** means these Enrolment Agreement conditions.
 - e. **Policies and Procedures** means the School's policies, procedures, rules and directions which are written, or verbal and are published and varied from time to time at <http://www.rok.catholic.edu.au/about-us/policies-publications/>



- f. **Principal** means the principal of the School and includes any person appointed by the Principal to carry out obligations under this Agreement.
- g. **Privacy Law** means the *Privacy Act 1988 (Cth)*, the Australian Privacy Principles and any other applicable privacy legislation.
- h. **School** means the school named on the Application.
- i. **Student** means the person named as the Student in the Application.
- j. **Term** means a school term as published at <http://www.rok.catholic.edu.au/catholic-schools/>

12. Reading this Agreement

12.1. Unless the context requires otherwise, these provisions apply when reading this Agreement:

- a. A reference to a party or a person includes that party's or person's executors, legal personal representatives, successors, liquidators, administrators, trustees in bankruptcy and similar officers and, where permitted under this Agreement, their substitutes and assigns;
- b. An Agreement on the part of, or in favour of, two or more persons binds, or is for the benefit of and binds them both jointly and severally,
- c. Where a word or expression has a defined meaning, its other grammatical forms have a corresponding meaning,
- d. A reference to the plural includes a reference to the singular and vice versa, and
- e. A reference to a party means a person who is named as a party to this Agreement.

APPLICATION FOR STUDENT ENROLMENT



CHILD'S NAME.....

PARENT/GUARDIAN/CARER NAME

PARENT/GUARDIAN/CARER SIGNATURE.....

DATE.....

PARENT/GUARDIAN/CARER NAME

PARENT/GUARDIAN/CARER SIGNATURE.....

DATE.....

PRINCIPAL'S NAME.....

PRINCIPAL'S SIGNATURE

DATE.....



DOCUMENT CHECKLIST

When enrolling your child at this school, please check that you have provided copies of the following:-



- Birth certificate or extract or identity documents (Certified copy or original sighted by school)
- Sacramental certificates
- Immunisation certificate (only required for students enrolling in primary schools for the first time)
- Latest school report and/or reference from previous schools
- Documentation relating to special needs (any reports, action plans, assessments, etc)
- Court order, parenting plans, access restrictions etc (if applicable)

If your child is NOT an Australian Citizen, you will need to provide:

- Passport or travel documents
- Current visa and previous visas (if applicable)

In addition, if your child is a temporary visa holder you will also need to provide:

- Authority to Enrol or evidence of permission to transfer provided by the International Student Centre (if holding an International full fee student visa, sub-class 571P)
- Authority to Enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
- Evidence of the visa the student has applied for (if the student holds a bridging visa)

INTENDED PAYMENT METHODS – Please tick preference

Further details about the following payment methods will be provided through the school/college office.

| | | | |
|--|--------------------------|---------------------------------|--------------------------|
| CASH Administration Office Only | <input type="checkbox"/> | DIRECT DEBIT | <input type="checkbox"/> |
| CREDIT CARD By Phone | <input type="checkbox"/> | INTERNET BANKING PAYMENT | <input type="checkbox"/> |
| In Person | <input type="checkbox"/> | | |
| BPAY | <input type="checkbox"/> | PARENT LOUNGE PAYMENT | <input type="checkbox"/> |
| CHEQUE | <input type="checkbox"/> | CENTREPAY | <input type="checkbox"/> |

This school is part of Catholic Education - Diocese of Rockhampton. We welcome your child and family to schooling in the Diocese. We are committed to providing a quality education in a caring environment. The Catholic School is a community of faith and the Gospel values are essential to the life of our schools. Each student is important and the curriculum is directed at the total formation of the individual.

ASSISTANCE WITH COMPLETING THE FORM

If you require assistance completing this form, including translation services, please contact your school.

WHO SHOULD COMPLETE THIS FORM?

Parents/guardians/carers of students enrolling in schools within the Diocese of Rockhampton.

KEEPING STUDENT RECORDS UP-TO-DATE

Please inform your school if any information provided on this form (such as contact details, address, and medical information) needs to be changed at a later date.

RESPECTING YOUR PRIVACY

Catholic Education – Diocese of Rockhampton, together with your school, respects your privacy and is bound by privacy rules to protect the information you provide (see Page 15).

OFFICE USE ONLY

| | | |
|---|----------------------------|--|
| Enrolment fee (\$) Receipt No: | Date Received: / / | Interview Date: / / |
| Interviewed By: | Enrolment Accepted: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of Commencement: / / | Year/Grade Level: | Class: |
| Student I.D. No. | Family Code: | |
| Comments: | | |
| Medical and Special Educational Needs notes: | | |
| Principal's Signature: | Date: / / | |



All information on the Application for Student Enrolment form is strictly confidential and will be kept by your school and the Catholic Education – Diocese of Rockhampton Office. The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school’s legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians/carers. This information may also be used for appropriate parish purposes.

Catholic Schools and Catholic Education - Diocese of Rockhampton are bound by the *Privacy Amendment (Private Sector) Act 2000* and have adopted the ten (10) National Privacy Principles. A privacy statement detailing our practices and procedures for the use and management of the personal, sensitive and health information we collect and record can be obtained upon request at your school’s office or from the Catholic Education – Diocese of Rockhampton Office (PO Box 524, Rockhampton 4700).

We need your enrolment details for the following:

Student and Parent Contact Details

- Pages 1 and 7

- Telephone, address and employer/occupation details for student/parents/guardians/carers – for contact in an emergency, to discuss matters regarding the student’s education, or for other educational purposes.

Student and Parent Background Information

- Pages 2 and 8

- This information is a standard requirement on all enrolment forms Australia-wide as part of the Australian Government *Schools Assistance Act 2004*.
- This includes information about the student’s and parent’s/guardian’s/carer’s country of birth, indigenous status and languages spoken, along with student visa status and parental education levels and occupations.
- The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Catholic Schools and will assist in planning for future educational needs within the Diocese.
- Some of this information will be forwarded to the Australian Government, but DCEO’s strict reporting protocols ensure data does not identify individual students or parents/guardians/carers.

Special Family Circumstances

- Page 3

- Additional information about – Parents/guardians/carers – so that we are aware of family arrangements e.g. foster care, contact arrangements, access restrictions.

Please provide Family Court Orders detailing access restrictions and parenting plans and inform the school as soon as possible about any changes to your family arrangements.

Alternative Emergency Contacts

- Page 8

- Required in the event the school is unable to contact parents/guardians/carers. Please ensure that the people named agree to their details being provided to schools.

Student Medical Information

- Page 4

- Health information – so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child’s health at risk.
- We require details of student medical conditions and/or disabilities, and medication they may need whilst at school. It is the responsibility of the parent/guardian/carer to provide medication to the school in an authorised pharmacy packet.
- Inform the school if your child develops a medical condition that may require regular or emergency attention from school staff. In the event that this information is not provided, the school will not be liable for any failure to render assistance to the child.
- Medical information will be shared with school staff on a “need to know” basis. Relevant sections of your child’s medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.

Please contact your school if you require further information or clarification regarding the Catholic Education – Diocese of Rockhampton Office Medications Policy.

Enrolment Contract

- Page 12

- This section is completed by the parent/guardian/carer of the child and outlines conditions which all parties to this Contract of Enrolment will abide by.

Consents

- Page 15 & 16

- Consent is required by the parent/guardian/carer of the child for all Category A (short duration and day) activities and all Category B (extended activities/excursions) activities.
- Consent is also required by the parent/guardian/carer of the child for media and communication releases. Such material will be used for the purposes of advertising, promotion, media publicity, publication, and display for any Catholic Education – Diocese of Rockhampton or Queensland Catholic Education Commission purpose in whole or in part.

These consents are ongoing. If you wish to withdraw consent, please inform the school in writing.