



Chanel College

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GLADSTONE Q 4680

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Website: www.ccgrok.catholic.edu.au

Catholic Education - Diocese of Rockhampton

APPLICATION FOR STUDENT ENROLMENT

Student Name: _____

Year of Entry: _____

Year Level in which the student is enrolling?

Secondary 7 8 9 10 11 12

Is Student repeating a year? YES NO

SECTION 1

STUDENT DETAILS

Student's Legal Name:			
Surname		First and middle names	
Preferred First Name:		Date of Birth: / /	
<i>(Not nickname as this will go on school reports)</i>			
Postal Address:			Post Code:
Residential Address: <i>(If different from above)</i>			Post Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Religion: <i>(Please tick one only)</i>		Parish:	
Roman Catholic	<input type="checkbox"/>	Methodist	<input type="checkbox"/>
Anglican	<input type="checkbox"/>	Baptist	<input type="checkbox"/>
Uniting	<input type="checkbox"/>	Greek Orthodox	<input type="checkbox"/>
Lutheran	<input type="checkbox"/>	Russian Orthodox	<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"/>
		Buddhist	<input type="checkbox"/>
		Australian Indigenous Traditional	<input type="checkbox"/>
		Jewish	<input type="checkbox"/>
		Non-Denominational	<input type="checkbox"/>
		Other, please specify.....	
Sacraments: <i>(Documentary evidence required)</i>			
	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

What is the student's residency status?

- Australian Citizen
- Permanent Resident
- Temporary Visa Holder

If born overseas, what date did the student arrive in Australia? ____ / ____ / ____

If the student is a permanent or temporary visa holder please provide the following information:

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

Current Visa sub-class **Visa expiry date:** ____ / ____ / ____

Is the student an international full fee-paying student on Visa sub-class 571? 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)

In which country was the student born?

Australia

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, Aboriginal

Yes, Torres Strait Islander

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

(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 <i>(If applicable)</i>	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: (Attach a separate sheet if necessary)

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)

Combined Diphtheria Tetanus Pertussis (DTP)

Poliomyelitis Oral or Injectable (OPV)

Haemophilus Influenzae Type B (HIB)

Measles, Mumps & Rubella (MMR)

Meningococcal Group C (MEN)

Varicella (Chickenpox) (VZV)

Pneumococcal (PCV)

Additional vaccinations

Diphtheria and Tetanus (CDT)

Twinrix vaccine (combined Hepatitis A & B vaccine)

Influenza (FLU)

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:



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:
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:
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.
Would you prefer to receive the weekly School Newsletter electronically? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO – students to collect newsletter from the office.	Would you prefer to receive the weekly School Newsletter electronically? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO – students to collect newsletter from the office.
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

<p>Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.</p> <p>Senior executive/manager/department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/fire services administrator</p> <p>Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p style="margin-left: 20px;">Health, Education, Law, Social Welfare, Engineering, Science, Computing professional</p> <p style="margin-left: 20px;">Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</p> <p style="margin-left: 20px;">Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)</p> <p>Group 2: Other business managers, arts/media/sportspersons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)</p> <p>Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)</p> <p>Retail sales/services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)</p> <p>Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p style="margin-left: 20px;">Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p style="margin-left: 20px;">Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)</p> <p style="margin-left: 20px;">Defence Forces senior Non-Commissioned Officer</p>	<p>Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.</p> <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. <i>All tradesmen/women are included in this group.</i></p> <p>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)</p> <p>Skilled office, sales and service staff</p> <p style="margin-left: 20px;">Office (secretary, personal assistant, desktop publishing operator, switchboard operator)</p> <p style="margin-left: 20px;">Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</p> <p style="margin-left: 20px;">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)</p> <p>Group 4: Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff (hotel service supervisor, receptionist, Waiter, bar attendant, kitchen hand, porter, housekeeper)</p> <p>Office assistants, sales assistants and other assistants</p> <p style="margin-left: 20px;">Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)</p> <p style="margin-left: 20px;">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)</p> <p style="margin-left: 20px;">Assistant/aide (trades' assistant, school/teachers' aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</p> <p>Labourers and related workers</p> <p style="margin-left: 20px;">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)</p> <p style="margin-left: 20px;">Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car ark attendant, crossing supervisor)</p> <p style="margin-left: 20px;">Defence Forces ranks below senior NCO not included Above</p> <p>Group 8: A person has not been in <u>paid</u> work in the last 12 months.</p>
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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:						
I confirm that I am responsible for payment of this student's school fees and all associated costs.						
Signature:						

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 1of the Enrolment Form.

Parent No 1	Parent No 2
Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <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"/>	Mr <input type="checkbox"/> Rev <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Given Name/s:	Given Name/s:
Surname:	Surname:
Religion:	Religion:
Parish:	Parish:
Relationship to Student:	Relationship to Student:
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:
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

STUDENT NAME:			
YEAR LEVEL		YEAR OF ENTRY	
DAY OR BOARDING			

The **Parties** to this Contract of Enrolment are the;

_____ Mother/Guardian/Carer,
(Please print full name)

_____ Father/Guardian/Carer
(Please print full name)

and the school/college as represented by the Principal.

In the event that the school/college makes an offer of a place at the school to the student as named above then

I/we, the undersigned, being the parents/legal guardians of the above-named student will accept the offer of a place in the class and year of entry, as indicated above.

I/we accept the following **conditions** upon which the offer is made:

1. I/we seek a Catholic education for our son/daughter and I/we support the Christian values of the school, the Religious Education and other school initiatives that actively espouse and promote Christian values. I/we understand that while my/our child is a student at the school, he/she is expected to take part in and support these faith activities and respect the religious principles and practices of the school, and that failure to do so could lead to cancellation of enrolment.
2. I/we accept that our son/daughter is admitted to the school on the condition that he/she will abide by the school rules, codes of behaviour and policies, including those regarding curriculum, discipline, dress, conduct and well being and that I/we will support these reasonable school expectations and policies in the interest of the wellbeing of the whole school community.
3. In this support, I/we will keep the school indemnified against any loss or damage caused by any failure of my/our son/daughter to observe the school rules, codes of behaviour and policies.
4. I/we accept that during the time the student attends the school he/she will live in the care and control of at least one of the above named enrolling parties to this contract. Should there be any change in this regard the continuation of enrolment of the student will be conditional upon a written addendum to the enrolment form attesting to the responsibilities undertaken by the head of the household in which the student is to reside and acceptance of the arrangement by the Principal.
5. I/we agree to work in partnership with the school in the best interests of our son/daughter and all other students.
6. I/we acknowledge the educational expertise of the school/college and will support its educational initiatives for my/our son/daughter.
7. I/we agree that the school/college and Catholic Education rules, codes of behaviour and policies may be altered or added to at any time, using due process.
8. If the student is to cease his/her enrolment, I/we will give written notice of the proposed change at the earliest opportunity.
9. I/we understand that non-payment of school fees and levies and failure to enter into a negotiated payment agreement with the Principal will most likely result in cancellation of enrolment.

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10. I/we will contact the school promptly if there is any change proposed concerning fee-paying arrangements or concern that I/we may not be able to pay the fees as contracted. I/we agree to make further arrangements acceptable to the school on how any resulting debt will be paid.
11. I/we acknowledge that, unless otherwise agreed in writing, as parent/parents/guardian/guardians/carer/carers, I/we are and will remain jointly and individually liable for the payment of fees and levies. Should any fees or levies not be paid by the due date and no further arrangements/adjustments are made for payment then the school may take legal action to recover outstanding fees and levies.
12. In the event of any medical or other emergency arising in which the school considers it impossible or impracticable to communicate with the undersigned parents/guardians/carers, I/we accept and give consent that the school will take all reasonable care of my/our son/ daughter but will not be responsible for the costs of any medical or dental attention or treatment administered to my/our son/daughter in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my/our son/daughter including attention provided at the School Sick Bay.
13. This consent (refer paragraph 13) which I/we have given is valid at all times while the student is in the custody of the school, including but not limited to, such times as the student is on campus, is present at school camps or is attending or participating in a work experience program including structured work placements, traineeships or apprenticeships, excursions or functions.
14. In this contract, the expression "Principal" includes any person from time to time acting, delegated or nominated as Principal or other staff members for the time being carrying out the duties or exercising the authority of the Principal.
15. The Principal, or delegate / nominee, has authority to apply whatever disciplinary measures are appropriate or necessary in relation to the conduct of my/our son/daughter, both inside the school and at outside school related events. This includes behaviour whether inside or outside the school that might bring the good name of the school into disrepute and may include the decision to suspend/exclude/expel the student for any cause judged to be sufficient. The law and the Student Protection Policy require the school to contact State Authorities in cases of suspected harm or sexual abuse to students.
16. The school does not insure my/our son's/daughter's property of any description. (e.g. mobile phones, computers etc).
17. This contract will be binding and remain in force for the duration of my/our son's/daughter's enrolment at the school/college. It will remain binding for matters relating to the collection of outstanding fees and the collection of school owned resources beyond the term of enrolment.
18. I/we will use my/our best endeavours to ensure the student will not be absent from the school without leave of absence, and that term dates as advertised will be adhered to.
19. Students absent without leave being granted may forfeit credit for assessments missed during their absence.

Consents

20. I/we consent to the student participating in all regular **Category A (short duration and day)** activities eg. Curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions. If he/she is unable to participate I/we will contact the school.
21. I/we consent to the student travelling on school and/or public transport to participate in all regular Category A (short duration and day) activities e.g. curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions.
22. I/we accept that this consent lasts for the period the student is at the school and that, apart from being given notice of the activity, **no further consent may be sought for Category A activities.**

For extended activities/excursions (**Category B**) where, in the reasonable opinion of the teacher in charge, specific consent is required and that additional consent will be sought from the parents/guardians.

Examples of such **Category B activities include:-**

- Overnight activities
- Activities involving long distance or extensive travel
- Activities which may have higher than average inherent risk, e.g. camps.

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23. I/we authorise my child's school to take (or authorise others to take) and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion, media publicity, publication, display of my child's school and/or for any other Rockhampton Catholic Education or Queensland Catholic Education Commission purpose in whole or in part. I/we understand that this consent form is not required for and does not apply to class photos and school team photos which may be used in the school magazine and that any objection I have to these internal publications must be specifically made to the school. I/we understand that I/we or my child does not have any interest in the copyright to the material nor shall we receive any payment.

YES NO

24. I/we authorise my child's school to take and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion as school web page usage of my child's school and/or for any other Rockhampton Catholic Education or Queensland Catholic Education Commission purpose in whole or in part.

YES NO

25. I/we consent to the school sharing my/our personal information (limited to name, address, telephone numbers, occupation) to its associated supporting groups (e.g. Parents & Friends' Association, Parents Network and sporting and cultural support groups), and my son's/daughter's details to the – School Past Pupils' Association when he/she leaves the school, if applicable.

YES NO

26. I/we have made **full and frank disclosure** of all information requested by the school in the Enrolment Application Form and are aware of our **continuing obligations** to keep the school informed of any changes which may affect the applicant's wellbeing or progress at the school.

Mother/Guardian/Carer
Please print in full

Signature

Date

Father/Guardian/Carer
Please print in full

Signature

Date

Student
(Only if an independent enrolment)
Please print in full

Signature

Date

Principal
Please print in full

Signature

Date

(N.B. Parents/Guardians or Agents signing on behalf of International Students agree that they understand the School Fees Refund Policy)



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"/>		

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: / /	



RESPECTING YOUR PRIVACY

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 13

- 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.