

CONFIRMATION OF ENROLMENT FORM

Completion of this Confirmation of Enrolment form and its return to the school acknowledges your acceptance of the Offer of Place, Enrolment Agreement and Financial Obligations.

Confirmation of Student Enrolment Details

School Name

School Suburb

Student's Legal Surname

Student's Legal First Name

Student's Preferred Surname

(to be used only with Principal's approval)

Student's Preferred First Name

(if different from Legal First name)

Student's Date of Birth

Gender Male Female

BCE Student ID *(if known)*

Year Level

Enrolment Start Date

Confirmation of Parent/Legal Guardian/Caregivers (1) Details

Legal Surname

Legal First Name

Other Given Names

Preferred Surname

(if different from Legal Surname)

Preferred First Name

(if different from Legal First name)

Title *(e.g. Mr/Ms/Dr)*

Gender

Male Female

Date of Birth

Residential Address

(not a post office box)

Postal Address Same as Residential Address Different to Residential Address

Mobile Telephone Number (Indicate best contact order)

Home Telephone Number

Work Telephone Number

Email Address

This unique email address is used for all school communications including emails, parent portal, permission slips, and fee statements.

Confirmation of Parent/Legal Guardian/Caregivers (2) Details

Legal Surname

Legal First Name

Other Given Names

Preferred Surname
(if different from Legal Surname)

Preferred First Name
(if different from Legal First name)

Title *(Mr/Ms/Mrs/Dr)*

Gender Male Female

Date of Birth

Residential Address
(not a post office box)

Postal Address Same as Residential Address Different to Residential Address

Mobile Telephone Number (Indicate best contact order)

Home Telephone Number

Work Telephone Number

Email Address

(please provide a different email address to Parent/Legal Guardian/Caregiver 1)
This unique email address is used for all school communications including emails, parent portal, permission slips, and fee statements.

Additional Contact Person Details

The following additional Contact Person Details refers to any person nominated by the Parent/Legal Guardian/Caregiver as providing some degree of care, acting as an emergency contact and/or having financial responsibility.

Legal Surname

Legal First Name

Other Given Names Preferred Surname
(if different from Legal Surname)

Preferred First Name
(if different from Legal First name)

Title *(e.g. Mr/Ms/Dr)*

Gender **Male** **Female**

Date of Birth

Residential Address
(not a post office box)

Postal Address **Same as Residential Address**
 Different to Residential Address

Mobile Telephone Number *(Indicate best contact order)*

Home Telephone Number

Work Telephone Number

Email Address

What is the relationship of this person to the student?

Does this person perform any of the following roles in regard to the student?

Emergency Contact
 Yes *(indicate the priority be contacted e.g. 1st, 2nd, 3rd, 4th)*
 No

Legal Guardian
If this person is not a birth or adoptive parent, then legal documentation must be attached.
 Yes
 No

Caregiver
A person who has responsibility for the general wellbeing of a student on a day-to-day basis.
 Yes
 No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports
 Yes
 No

Newsletters
 Yes
 No

Invitations

- Yes
 No

Parent Portal Access

- Yes
 No

Does this person reside with the student?

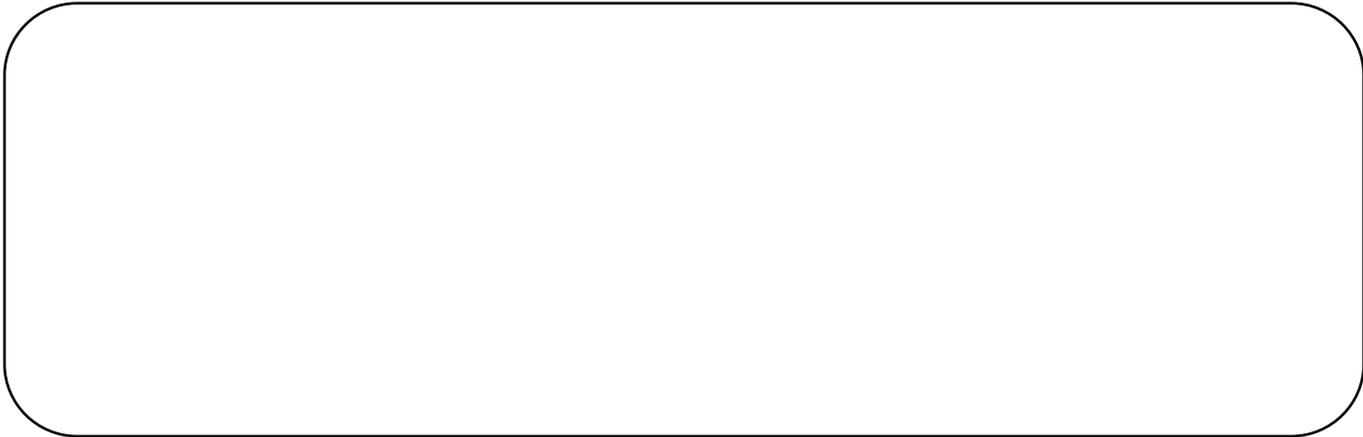
- Yes
 No

Does this person require the assistance of an interpreter?

- Yes
 No

Acceptance of Enrolment Agreement

1. I/We as the person/s responsible for the student, commit to fully supporting the school in its mission to foster the student's growth in a Catholic Community. I/We will support the school's Mission Statement and will encourage the student with the living out of its core values.
2. I/We accept and support the Behaviour and Uniform Policies. These support student management and are important for the safety and welfare of students.
3. I/We accept and support all other school policies and procedures. These have been formulated for the effective management of the school and support of students.
4. I/We understand that the student will use computing resources connected to the internet and that they will be required to accept conditions of use of this resource.
5. I/We accept that the student will participate in external activities such as excursions, camps, and work programs as part of the educational program. I/We will support these activities by ensuring an appropriate response is provided to school communications in relation to these by the dates indicated in each request.
6. I/We consent to the school by its servants or agents seeking medical or dental advice on behalf of the student as it sees fit in the event of accident or illness and, if in the opinion of an attending medical or dental practitioner or medical officer, the student requires medical or dental attention or treatment including, but not limited to, the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment. The consent 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 at school, is present at school camps or is attending or participating in a work experience program, outing, excursion or function.
7. I/We understand that the school will take all reasonable care in the event of the student suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to the student in such an 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 the student.
8. I/We (*select one*)
 - certify that the student does not to my knowledge suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.
 - give notice that the student suffers from the following illnesses or disabilities and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment but certify that to my knowledge the student does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment:



9. I/We have fully and accurately disclosed any information required by the school for its consideration in determining the enrolment of the student and understand that non-disclosure of relevant information will make the application, offer of enrolment and acceptance invalid.

Signature of Parent/Legal Guardian/Caregiver

Full Legal Name

Relationship to Student

Date Signed

Signature of Parent/Legal Guardian/Caregiver

Full Legal Name

Relationship to Student

Date Signed

Acceptance of Financial Obligation

School fees and charges are set and published by the school each year. A Financial Agreement is to be entered into as part of the Confirmation of Enrolment process. Statements are sent to the nominated Account Holder(s).

By choosing and accepting **one** of the financial arrangement options below, the account holders:

- agree to be account holder(s) and accept financial responsibility for the school fees, levies and charges incurred for the enrolment of STUDENT'S LEGAL NAME
- agree that this arrangement is to be in place from d d / m m / y y y y and will apply to the fees, levies and charges incurred from this date until the conclusion of his/her enrolment at the school/college or until a new financial arrangement is made in writing
- undertake to pay school fees, levies and charges by the due date and understand that it is the responsibility of each account holder to approach the school to discuss payment options should difficulties arise meeting this obligation
- understand that as an account holder, additional details or changes to details such as addresses and contact numbers, are to be provided via the Additional Contact Person contact form
- understand that as a new account holder, the BCE Information Collection Notice must be signed.

Financial Arrangement Options (Please select one of the following **three** options)

<input type="checkbox"/> Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY <i>(Both parties, each of whom are nominated as Account Holders, are jointly and severally responsible) Where two parties, e.g. a mother <u>and</u> father, assume joint financial responsibility for 100% of the account</i>		% of Fees, Levies and Charges
Account Holder 1 Full Name:		100%
Acceptance:	Account Holder 1 Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
<input type="checkbox"/> Option 2: SOLE FINANCIAL RESPONSIBILITY <i>(100% responsibility is allocated to one person who is nominated as the Account Holder). Where only one party, e.g. a mother <u>or</u> a father, assumes financial responsibility for 100% of the account</i>		% of Fees, Levies and Charges
Account Holder Full Name:		100%
Acceptance:	Account Holder Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
<input type="checkbox"/> Option 3: SPLIT FINANCIAL RESPONSIBILITY <i>(Split financial responsibility is allocated to each party. Individual statements are sent to each Account Holder). Where multiple parties are financially responsible for a portion of the account, e.g. mother - 50% <u>and</u> father - 40% <u>and</u> a grandmother - 10%.</i>		% of Fees, Levies and Charges
Account Holder 1 Full Name:		_____ %
Acceptance:	Account Holder 1 Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 2 Full Name:		_____ %
Acceptance:	Account Holder 2 Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 3 Full Name:		_____ %
Acceptance:	Account Holder 3 Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 4 Full Name:		_____ %
Acceptance:	Account Holder 4 Signature	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Total (must equal 100%)		100 %

BRISBANE CATHOLIC EDUCATION (BCE) INFORMATION COLLECTION NOTICE

Information we collect: Brisbane Catholic Education collects and records personal information, including sensitive information about students, parents/legal guardians and volunteers, before and during the course of a student's enrolment at our school. Laws governing or relating to the operation of schools require that certain information is collected. These may include Education, Public Health and Child Protection laws. We may ask you to provide medical reports about students from time to time. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the *Privacy Act (1988)*.

Purpose of collection: The primary purpose of collecting and recording this information is to enable the provision of a quality Catholic/Christian 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/legal guardians. This information may also be used to perform necessary associated administrative activities, which will enable students to take part in activities at the school and for appropriate parish purposes.

Disclosure of information: Personal and sensitive information may be disclosed by the school for educational, administrative and support purposes to others including, but not limited to, personnel within the Brisbane Catholic Education Office, other Brisbane Catholic Education schools, other related church entities/agencies, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants, volunteers and counsellors, providers of learning and assessment tools, assessment and educational authorities including the Australian Curriculum, Assessment and Reporting Authority (ACARA) and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN), people providing administrative and financial services to the school, anyone you authorise the school to disclose information to and anyone to whom the school is required or authorised to disclose the information to by law, including child protection laws. In addition, we may be required by law to disclose this information to government departments, both State and Federal (including for policy and funding purposes).

Personal information collected from students is regularly disclosed to their parents/guardians.

The school may use online or 'cloud' service providers to store personal information and to provide services to the school that involves the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's server which may be situated outside Australia.

On occasions, information such as academic and sporting achievements, student activities and other news may be published in newsletters, magazines, and on the school website and school social media accounts. This may include photographs and videos of student activities such as sporting events, school camps and school excursions. The school will obtain permissions from the student's parent/guardian if we would like to include such photographs or videos in our promotional material or otherwise make this material available to the public such as on the internet. Parents may seek access to personal information collected about them and their son/daughter by contacting the school.

The Brisbane Catholic Education Privacy Policy sets out how parents/guardians or students may seek access to and correction of their personal information which the school has collected and holds. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the school's duty of care to the student or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate. The Brisbane Catholic Education Privacy Policy also sets out how parents/guardians and students may complain about a breach of privacy and how the complaint will be handled.

The school may from time to time engage in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the school's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent. We may include your contact details in a class list and school directory.

If you provide the school with the personal information of others, such as the student's other parents, doctors or emergency contacts, we request that you inform them that you are disclosing that information to all Brisbane Catholic Education schools and why. They should also be informed that they can access that information if they wish and that the school does not usually disclose the information to third parties.

Our privacy position: Brisbane Catholic Education is bound by the *Privacy Act (1988)* and has adopted the thirteen (13) Australian Privacy Principles. The Brisbane Catholic Education Privacy Policy detailing Brisbane Catholic Education's practices and procedures for the use and management of the personal and sensitive information it collects and records can be accessed on the school's website or the Brisbane Catholic Education website www.bne.catholic.edu.au. Alternatively, a hard copy of the statement may be provided on request.

Information required: If we do not obtain the personal and sensitive information referred to above, we may not be able to enrol or continue to enrol your student.

CONFIRMATION OF ENROLMENT CHECKLIST

Please ensure the following documents are signed and attached before final submission to the school.
All documents need to be returned to finalise enrolment

Documents required:

- | | Completed |
|---|---|
| • Confirmation of Enrolment Form | |
| ○ <i>Acceptance of Enrolment Agreement</i> | <input type="checkbox"/> |
| ○ <i>Acceptance of Financial Obligation</i> | <input type="checkbox"/> |
| • BCE Information Collection Notice | <input type="checkbox"/> <i>(if applicable)</i> |
| • Individual School Consent forms | <input type="checkbox"/> <i>(if applicable)</i> |
| • Enrolment Deposit | <input type="checkbox"/> <i>(if applicable)</i> |



ST. THOMAS' CATHOLIC SCHOOL

10 Stephen Street, Camp Hill Q 4152

Telephone: (07) 3398 6633

Facsimile: (07) 3398 6046

E-mail : pcamphill@bne.catholic.edu.au

CONSENT FORM FOR RELEASE OF SCHOOL, PREP, KINDERGARTEN, CHILD CARE CENTRE/ORGANISATION AND OTHER RELEVANT RECORDS

TO WHOM IT MAY CONCERN

CHILD'S NAME _____

DATE OF BIRTH _____

I, _____ (Parent/Caregiver)

give my consent for all information (e.g. guidance reports, and other relevant data)
regarding my child held by

(Name of School, Prep, Kindergarten, Child Care Centre/Organisation)

(Telephone No. of School, Prep, Kindergarten, Child Care Centre/Organisation)

be released to **ST THOMAS' PRIMARY SCHOOL, CAMP HILL.**

SIGNATURE (Parent/Caregiver) _____

DATE _____