

NAME OF SCHOOL: _____

SUBURB: _____

CONFIRMATION OF ENROLMENT FORM

The Roman Catholic Trust Corporation for the Diocese of Cairns trading as Mount St Bernard College, Herberton. CRICOS Provider Code 00637G

Completion of this Confirmation of Enrolment form and its return to the School/College, acknowledges your acceptance of the Offer of Place, Enrolment Agreement and Financial Obligations. Confirmation of Enrolment takes effect only once all requirements noted in the Checklist on P7 of this document are received by the School/College.

Section 1: Confirmation of Student Enrolment Details

Legal First Name:

Legal Surname:

Date of Birth:

CES Student ID (if known):

Enrolment Start Date:

Year Level:

Section 2: Confirmation of Parent/Legal Guardian/Caregiver Details

Confirm the details of two (2) Parent/Legal Guardians/Caregivers, as previously identified in your Application for Enrolment Form.

2a: Parent/Legal Guardian/Caregiver 1

Title:

- Mr Mrs Miss
 Ms Dr Fr
 Sr Br Rev Prof

Legal Surname:

Preferred Surname:

Gender:

- Male Female

Legal First Name:

Preferred First Name:

Other Given Name(s):

Date of Birth:

Residential Address

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Postal/Correspondence Address

Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Billing Address (if required)

Same as Residential address

Same as Postal/Correspondence Address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Contact Method Type

Order

Silent

Indicate best contact order

Is this number silent? Y/N

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Contact Method Type

Order

Silent

Indicate best contact order

Is this number silent? Y/N

Work Telephone Number:

Work Mobile Telephone Number:

Work Email Address:

Email may be used for billing purposes Yes No

2b: Parent/Legal Guardian/Caregiver 2

Title:

- Mr Mrs Miss
 Ms Dr Fr
 Sr Br Rev Prof

Gender:

- Male Female

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname:

Preferred First Name:

Date of Birth:

Residential Address

Street Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Postal/Correspondence Address

- Same as Residential address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Billing Address (if required)

- Same as Residential address
 Same as Postal/Correspondence Address

Postal Address:

Suburb/Town:

State:

Postcode:

Country (if not Australia):

Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Contact Method Type

Work Telephone Number:

Work Mobile Telephone Number:

Work Email Address:

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Email may be used for billing purposes Yes No

Section 3: Additional Contact Person Details

Additional Contact Person Details in the context of this Confirmation of Enrolment form, refers to any person nominated by the Parent/Legal Guardian on the basis of having **financial responsibility**, providing some degree of **care** or acting as an **emergency contact** for the student. *(If more than one Contact Person is to be listed, please contact the school for a supplementary form)*

Title:

- Mr Mrs Miss
 Ms Dr Fr
 Sr Br Rev Prof

Gender:

- Male Female

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname:

Preferred First Name:

Date of Birth:

Additional Contact Person Details *Continued*

Residential Address

- Same as Parent/Legal Guardian/Caregiver 1
 Same as Parent/Legal Guardian/Caregiver 2

Postal/Correspondence Address

- Same as Residential address

Billing Address *(if required)*

- Same as Residential address
 Same as Postal/Correspondence Address

Street Address:

Postal Address:

Postal Address:

Suburb/Town:

Suburb/Town:

Suburb/Town:

State:

Postcode:

State:

Postcode:

State:

Postcode:

Country *(if not Australia):*

Country *(if not Australia):*

Country *(if not Australia):*

Contact Method Type

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Home Telephone Number:

 ()

Mobile Telephone Number:

Email Address:

Contact Method Type

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Work Telephone Number:

 ()

Work Mobile Telephone Number:

Work Email Address:

Email may be used for billing purposes Yes No

What is the relationship of this person to the student? *(Tick one (1) only)*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Home Stay Sister | <input type="checkbox"/> Sister | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Father | <input type="checkbox"/> Home Stay Brother | <input type="checkbox"/> Brother | <input type="checkbox"/> Legal Guardian <i>(for Dept. of Communities only)</i> |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Aunt | <input type="checkbox"/> Half Sister | <input type="checkbox"/> Care Provider |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Uncle | <input type="checkbox"/> Half Brother | <input type="checkbox"/> Counsellor/Social Worker |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Niece | <input type="checkbox"/> Step Sister | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Foster Father | <input type="checkbox"/> Nephew | <input type="checkbox"/> Step Brother | <input type="checkbox"/> Reg. Exchange Org |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Cousin | <input type="checkbox"/> Foster Sister | |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend | <input type="checkbox"/> Foster Brother | |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor | | |

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

Emergency Contact:

- Yes. Indicate the priority in which this person is to be contacted (e.g. 1st, 2nd, 3rd, 4th, etc.)
- 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

School Portal Access:

- Yes No

Does this person reside with the student?

- Yes No

Does this person require the assistance of an interpreter?

- Yes No

Section 4: Enrolment Agreement

1. The School is a Catholic School so my/our child will be educated in a faith environment and will participate in all aspects of the formal Religious Education programme, school liturgies and celebrations
2. It is a fundamental term in this enrolment agreement, that I/we support school policies, behaviour expectations, education requirements and professional advice in the best interest of my/our child and other students. Enrolment in a Catholic school is a family commitment and I/we will ensure my own behaviour and support for the school is consistent with the Code of Conduct for Parents and Volunteers, which can be found on the Catholic Education website at www.cns.catholic.edu.au.
3. I/we have fully and accurately disclosed any information required by the School in its enrolment process and understand that the commitment to keep the School informed about any changes that may affect my/our child's school life is ongoing.
4. My/our child will travel on a school bus or on any form of public or private transport where such transport is reasonably deemed by the School to be necessary or desirable.
5. I/we understand that my/our child will use computing resources connected to the internet and that they will accept conditions of use of this resource.
6. I/we acknowledge the EC - Catholic Education Information Collection Notice and will complete the necessary consent forms required by the School.
7. My/our child will attend school and participate in all activities organised or made available at school, including retreats, school camps, work experience programmes and all other outings, excursions and functions. I/we accept my responsibility to notify the School promptly if my child is unable to attend school or school activities.
8. I/we consent to the School, through the Principal or staff, seeking medical or dental advice on behalf of my/our child as it sees fit in the event of accident or illness. While every effort will be made to contact parents or care givers, if they are not reasonably contactable, and if in the opinion of an attending medical or dental practitioner or medical officer, my/our child 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, I/we consent to such medical or dental practitioner or medical officer giving such attention or treatment.
9. The consent which I/we have given in paragraph 8 is valid at all times while my/our child is in the care of the School including but not limited to such times as my/our child is at school, is present at retreats, school camps or is attending or participating in a work experience programme, outing, excursion or function.
10. I/we understand that the School will take all reasonable care in the event of my/our child suffering accident or illness but that the School will not be responsible for the costs of any medical or dental attention or treatment administered to my/our child 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 child.
11. I/we accept that positive and supportive partnership between the School and I/we, the parent(s) of the child, is a fundamental term of this contract.
12. I/we accept that a material breach of a fundamental term in the general or financial sections of this agreement, in particular, Section 5a, paragraphs 1 and 2, may result in termination of enrolment.

Section 5: Financial Obligation

School fees and charges are set and published by the School/College 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).

5a: Financial Terms

This section records my/our financial obligations arising from my/our child's enrolment and attendance at the School.

1. I/we agree to pay, as a debt due and owing to the School, school fees, levies and building fund contributions invoiced by the School to me/us at the prevailing rates set by the School from time to time. This is a fundamental term of this agreement and a condition of continuing enrolment at the school (subject to Clause 4).
2. A further fundamental term of this agreement is that I/we agree to pay school fees and accounts at previous diocesan schools in full, or negotiate satisfactory alternative arrangements. I/we accept that the Principal will seek a clearance from previous diocesan schools attended by my/our child.
3. Except where a direct debit facility acceptable to the School is in place, I/we will pay the school fees, levies and building fund contributions within 14 days from the date of the School's invoice.
4. I/we am aware the school may provide fee remissions for families in genuine financial hardship.
5. I/we acknowledge that inability to meet financial obligations will require a personal interview with the Principal or nominee.
6. Should my/our child exit the School part way through a term, the refund of fees and charges will be at the discretion of the School.
7. I/we acknowledge that, should financial obligations in the Enrolment Agreement not be met, School academic reports may be withheld and the enrolment status may be reviewed.
8. If any payment is not made by the due date, the School will be entitled, in its absolute discretion, to charge interest on the overdue balance at the rate of 10% per annum from the due date of the School's invoice to the date of payment.
9. Interest will:
 - (a) accrue from day-to-day;
 - (b) be calculated from the due date for payment of the invoice until payment; and
 - (c) be calculated using a simple interest method.
10. I/we acknowledge that my/our obligation to pay school fees, levies and building fund contributions is without deduction, set-off or counterclaim.
11. In the event that the School takes legal action (including court action) to recover school fees, levies or building fund contributions, I/we agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the School.
12. I/we acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I/we submit to the non-exclusive jurisdiction of courts at Cairns, Queensland and waive any right I/we may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
13. I/we acknowledge that parents/guardians who sign this enrolment agreement are jointly and severally liable for complying with the general and financial terms of this agreement.
14. By signing this agreement, I/we consent and agree to the School:
 - (a) accessing and using information about my/our credit worthiness from a credit reporting agency in order to assess my/our application for enrolment;
 - (b) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
 - (c) in the event of non-payment of school fees, levies and building fund contributions, entering my/our name with and disclosing my personal information to a credit reporting agency to record the overdue payment, and I/we release and discharge the School from any liability or claim arising out of or in connection with any such dealings with a credit reporting agency.
15. I/we acknowledge that the School has informed me/us that my/our personal information may be disclosed to a credit reporting agency.

5b: Financial Agreement

The Parent / Legal Guardian(s) / Additional Contact Person(s):

- agree to be Account Holder(s) and accept financial responsibility for the school fees and charges incurred for the enrolment of STUDENT'S LEGAL NAME
- agree that this arrangement is to be in place from ___ / ___ / ___ and will apply to the fees and charges incurred from this date until the conclusion of the student's enrolment at the School/College or until a new financial arrangement is made in writing
- have read and accept the Financial Terms (Section 5a)
- 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 are to be provided as an Additional Contact Person *in Section 3 above* **or** as a Related Person in the Application for Enrolment form for the student (*as a Parent/Legal Guardian*).

Section 6: Acceptance of Enrolment Agreement and Financial Obligations

By signing this Confirmation of Enrolment Form, I/we accept the terms of the Enrolment Agreement in Section 4 and my/our Financial Obligations outlined in Sections 5a and 5b.

Please note that unless otherwise agreed by the School/College in writing, the signatories to the Acceptance of Enrolment and Financial Terms remain primarily liable on a joint and several basis for payment of the fees, levies and charges regardless of Billing Instructions (Section 7).

SIGNATURE of Parent or Legal Guardian 1



PRINT NAME of Parent or Legal Guardian 1

RELATIONSHIP to Student

DATE SIGNED

SIGNATURE of Parent or Legal Guardian 2








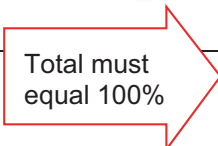
PRINT NAME of Parent or Legal Guardian 2

RELATIONSHIP to Student

DATE SIGNED

Section 7: Billing Instructions









<input type="checkbox"/> Option 1: 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. Note: If both Parents/Legal Guardians have signed the Application for Enrolment Form, both remain jointly and severally liable.)</i>		% of Fees 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 2: SPLIT / ALTERNATIVE 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%. Note: The signatories to the Application for Enrolment Form remain jointly and severally liable for the entire account.)</i>		% of Fees 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>		
			100 %

Confirmation of Enrolment Checklist

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

Documents required:

	Completed
 Confirmation of Enrolment Form	
<i>Acceptance of Enrolment Agreement and Financial Obligation</i>	<input type="checkbox"/>
<i>Legal Documentation – Additional Contact Person (if applicable)</i>	<input type="checkbox"/>
 CE Information Collection Notice	<input type="checkbox"/>
 Media and Communications Consent Form	<input type="checkbox"/>
 Acceptable Use of Computer and Internet Resources Consent Form	<input type="checkbox"/>
 ICT Device Consent Form <i>(if applicable)</i>	<input type="checkbox"/>
 Individual School consent forms <i>(if applicable)</i>	<input type="checkbox"/>
 Individual School policy documents <i>(if applicable)</i>	<input type="checkbox"/>
 Enrolment Deposit <i>(if applicable)</i>	<input type="checkbox"/>