



# CONFIRMATION OF ENROLMENT FORM

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.



## Section 1: Confirmation of Student Enrolment Details

Legal First Name:

Legal Surname:

Date of Birth:

BCE Student ID (if known):

School Name:

Year Level:

School Suburb:

Enrolment Start Date:

## 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

Home Telephone Number:

Indicate best contact order

Is this number silent?

Mobile Telephone Number:

Email Address:

#### Contact Method Type

Order

Silent

Work Telephone Number:

Indicate best contact order

Is this number silent?

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**

**Order**

**Silent**

Indicate best contact order

Is this number silent?

**Home Telephone Number:**




**Mobile Telephone Number:**




**Email Address:**



**Contact Method Type**

**Order**

**Silent**

Indicate best contact order

Is this number silent?

**Work Telephone Number:**




**Work Mobile Telephone Number:**




**Work Email Address:**



**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

#### 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?

#### Home Telephone Number:

 ( )



#### Mobile Telephone Number:




#### Email Address:



### Contact Method Type

#### Order

#### Silent

Indicate best contact order

Is this number silent?

#### 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 (for Dept. of Communities only) |
| <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. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 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: 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**, including the **School Fees and Collections Policy**. 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 or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**

D D / M M / Y Y Y Y

**SIGNATURE** of Parent or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**DATE SIGNED**

D D / M M / Y Y Y Y

## Section 5: Acceptance of 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 Agreement





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 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 his/her enrolment at the school/college or until a new financial arrangement is made in writing
- have read and accept the School Fees and Collections Policy
- 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*).

### 5b: Financial Arrangement Options *(Please select one of the following three options)*

<input type="checkbox"/> <b>Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY</b> <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 and Charges
Account Holder 1 Full Name:		  <b>100%</b>  
Acceptance:	Account Holder 1 Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __ Y __	
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __ Y __	

<input type="checkbox"/> <b>Option 2: SOLE FINANCIAL RESPONSIBILITY</b> <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 and Charges
Account Holder Full Name:		  <b>100%</b>
Acceptance:	Account Holder Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __ Y __	

<input type="checkbox"/> <b>Option 3: SPLIT FINANCIAL RESPONSIBILITY</b> <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>		<b>% of Fees and Charges</b>
Account Holder 1 Full Name:		
Acceptance:	Account Holder 1 Signature 	___ %
Date Signed:	__ __ / __ __ / __ __ __ __	
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature 	___ %
Date Signed:	__ __ / __ __ / __ __ __ __	
Account Holder 3 Full Name:		
Acceptance:	Account Holder 3 Signature 	___ %
Date Signed:	__ __ / __ __ / __ __ __ __	
Account Holder 4 Full Name:		
Acceptance:	Account Holder 4 Signature 	___ %
Date Signed:	__ __ / __ __ / __ __ __ __	
		<b>100 %</b>

Total must equal 100%

Confirmation of Enrolment V4: 20130830

**Please provide details below for payment of Confirmation Fee.**

Name of Cardholder: \_\_\_\_\_

Please circle : **VISA / MASTERCARD**

Card No: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_

CVV \_\_\_\_\_

Amount \$ \_\_\_\_\_