



# SHALOM COLLEGE

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A SYSTEMIC CATHOLIC CO-EDUCATIONAL COLLEGE OF THE DIOCESE OF ROCKHAMPTON

## STUDENT ENROLMENT FORM

STUDENT NAME: \_\_\_\_\_

YEAR LEVEL IN WHICH THE STUDENT IS ENROLLING (Please ✓):

YEAR 7  YEAR 8  YEAR 9  YEAR 10  YEAR 11  YEAR 12

YEAR OF PROPOSED ENTRY: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

PRESENT YEAR LEVEL: \_\_\_\_\_



# STUDENT ENROLMENT FORM

<b>SECTION 1</b>	<b>STUDENT DETAILS</b>
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**Student's Legal Name:**

(Surname)

(First and middle names)

**Postal Address:**

**Post Code:**

**Residential Address:** *(If different from above)*

**Post Code:**

**Gender:**     Male     Female

**Date of Birth:**    /    /

**Religion:** *(please tick one box only)*

- |                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| 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"/>            |

**Parish:** \_\_\_\_\_

- |                                   |                          |
|-----------------------------------|--------------------------|
| Buddhist                          | <input type="checkbox"/> |
| Australian Indigenous Traditional | <input type="checkbox"/> |
| Jewish                            | <input type="checkbox"/> |
| Non-Denominational                | <input type="checkbox"/> |
| No Religion                       | <input type="checkbox"/> |
| Other, please specify.....        |                          |

**Sacraments:** *(Documentary evidence attached)*



	Date	Church	Place
<b>Baptism</b>	/ /		
<b>Eucharist</b>	/ /		
<b>Confirmation</b>	/ /		

**Is the Student in the care of the State?**    NO     YES

**If YES – please attach supporting legal documents**



**Is the student independent? (If under 18, proof is required. Independent students are generally living away from home, support themselves and meet the Centrelink independent criteria)**

- |                                                                                                                           |                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Yes</b> If yes, all accounts, assessments and attendance details will be sent to the student. | <input type="checkbox"/> <b>No</b> If no, all accounts, assessments and attendance details will be sent to the person(s) nominated in Section 8 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

**Is the student currently undertaking a School-based Apprenticeship or Traineeship?**    Yes     No



# STUDENT ENROLMENT FORM

## SECTION 2 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 YES  NO   
on Visa sub-class 571

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  
Yes, Other .....  
(Please specify)

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

## SECTION 3 PREVIOUS SCHOOL DETAILS

Student's previous school details (Attach an additional sheet if necessary)

Name of Present School: \_\_\_\_\_ Date intending to leave: / /  
Name of Previous School: \_\_\_\_\_ Date of leaving: / /  
Year/Grade/Level attained: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Country (if not Australia): \_\_\_\_\_

## SECTION 4 SPECIAL FAMILY CIRCUMSTANCES

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

\_\_\_\_\_  
\_\_\_\_\_

Supporting legal documents (e.g. Family Court Orders, access restrictions, Parenting Plans).

Attached  Yes  No



# STUDENT ENROLMENT FORM

<b>SECTION 5</b>		<b>SIBLING INFORMATION</b>		
<b>List all children in the family from ELDEST to YOUNGEST – including the enrolling student. Indicate HOUSE name only if enrolling students has an older sibling at Shalom</b>				
<b>Brother's/Sister's Given Name</b>	<b>Surname</b>	<b>School</b>	<b>House</b>	<b>Year Level</b>
1.				
2.				
3.				
4.				
5.				
6.				



# STUDENT ENROLMENT FORM

## SECTION 6 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 cold	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	Yes/No
Knocked unconscious	Yes/No	Mental Health Issues	Yes/No		

Details as necessary: (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

If Yes – please specify:

Are there any sports in which the student should NOT participate?

No  Yes

Is the student taking any medication regularly?

No  Yes

If Yes – please specify and request the *Medication Consent Form* at the interview

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



# STUDENT ENROLMENT FORM

## SECTION 6 STUDENT MEDICAL INFORMATION - *continued*

### IMMUNISATIONS

<p>It is highly recommended that the authorising parent/guardian/carer complete this section.</p> <p>Under the Queensland <i>Public Health Act 2005</i>, Chapter 5, legislation is in place to protect all students against a vaccine preventable contagious condition</p>	Yes <input type="checkbox"/> - tick those given
	<b>Usual vaccinations up to 5 years of age</b>
	Hepatitis B Vaccine (HEB) <input type="checkbox"/>
	Combined Diphtheria Tetanus Pertussis (DTP) <input type="checkbox"/>
	Poliomyelitis Oral or Injectable (OPV) <input type="checkbox"/>
	Haemophilus Influenza 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"/>
	<b>Additional vaccinations</b>
	Diphtheria and Tetanus (CDT) <input type="checkbox"/>
	Twinrix vaccine (combined Hepatitis A & B vaccine) <input type="checkbox"/>
	Influenza (FLU) <input type="checkbox"/>
Guardasil (cervical cancer) <input type="checkbox"/>	

### SPECIALIST ASSESSMENTS

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

SERVICE	YES/NO	NAME OF CENTRE/ PRACTITIONER	DATE OF FIRST VISIT	IS YOUR CHILD ATTENDING NOW?
Child Guidance				
Speech Pathologist				
Occupational Therapist				
Physiotherapist				
Psychiatrist				
Psychologist				
Specialist Clinic				
Audiology Clinic				
Learning Support Teacher				
Pediatrician				
Optometrist				
State Education Guidance				
Other				



# STUDENT ENROLMENT FORM

## SECTION 6 STUDENT MEDICAL INFORMATION - *continued*

### Ascertainment 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"/>	_____

## SECTION 7 ADDITIONAL INFORMATION

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

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# STUDENT ENROLMENT FORM

## SECTION 8 PARENT / GUARDIAN / CARER INFORMATION

PLEASE NOTE: There are four parts to this section – please read carefully before completing either **PART A** or **PART B**

PART A		DETAILS OF THE PERSON (S) RESPONSIBLE FOR THE DAY-TO-DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES	
<b>Parent / Guardian / Carer No 1</b>		<b>Parent / Guardian / Carer No 2</b>	
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	
<b>Relationship to Student:</b>		<b>Relationship to Student:</b>	
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>		Other: <input type="checkbox"/> <i>Please specify:</i>	
<b>Employment Details:</b>		<b>Employment Details:</b>	
Occupation:		Occupation:	
Employer:		Employer:	
Employer Phone:		Employer Phone:	
<b>Residential Address:</b>		<b>Residential Address:</b>	
City		City	
State	Post Code	State	Post Code
<b>Residential Phone:</b>		<b>Residential Phone:</b>	
<b>Mobile Phone:</b>		<b>Mobile Phone:</b>	
<b>SMS Contact No:</b>		<b>SMS Contact No:</b>	
<b>E-mail address:</b>		<b>E-mail address:</b>	
<b>Postal Address (if different from above):</b>		<b>Postal Address (if different from above):</b>	
City		City	
State	Post Code	State	Post Code

OR

PART B		PERSON(S) TO RECEIVE ACCOUNTS	
Complete this section ONLY if account is to be sent to <b>only one</b> of the parents/guardians/carers listed in Part A above 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			
<b>Postal Address:</b>			
City			
State		Post Code	
<b>Relationship to Student:</b>			





# STUDENT ENROLMENT FORM

## SECTION 8 PARENT / GUARDIAN / CARER INFORMATION *continued*

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

If you complete this section then you must also have completed SECTION 4 (Special Family Circumstances) of 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
<b>Relationship to Student:</b>	<b>Relationship to Student:</b>
<b>Employment Details:</b>	<b>Employment Details:</b>
Occupation:	Occupation:
Employer:	Employer:
Employer Phone:	Employer Phone:
<b>Residential Address:</b>	<b>Residential Address:</b>
City	City
State Post Code	State Post Code
<b>Residential Phone:</b>	<b>Residential Phone:</b>
<b>Mobile Phone:</b>	<b>Mobile Phone:</b>
<b>SMS Contact No:</b>	<b>SMS Contact No:</b>
<b>E-mail address:</b>	<b>E-mail address:</b>
<b>Postal Address (if different from above):</b>	<b>Postal Address (if different from above):</b>
City	City
State Post Code	State Post Code

### PART D PERSON(S) TO RECEIVE SCHOOL REPORTS

(Complete this section ONLY if not by both Parents/Guardians/Carers listed in PART A above)

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
<b>Postal Address:</b>	<b>Postal Address:</b>
City	City
State Post Code	State Post Code
<b>Relationship to student:</b>	<b>Relationship to student:</b>

## SECTION 9 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 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				



# STUDENT ENROLMENT FORM

## SECTION 10 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

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

### 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

### What is the occupation group of parent/guardian 1

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

### What is the occupation group of parent/guardian 2

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

*To answer the question please refer to the List of Parental Occupation Groups on Attachment A. 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 above.*



## LIST OF PARENTAL OCCUPATION GROUPS

The following list of parental occupation groups refers to Section 11

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

**Senior executive/manager/department head** in industry, commerce, media or other large organization.

**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, work 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 park attendant, crossing supervisor)

**Defence Forces** ranks below senior NCO not included above



# STUDENT ENROLMENT FORM

## SECTION 11

## ENROLMENT CONTRACT

STUDENT NAME:	
---------------	--

YEAR LEVEL		YEAR OF ENTRY	
------------	--	---------------	--

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

\_\_\_\_\_ Mother/Guardian/Carer, \_\_\_\_\_ Father/Guardian/Carer  
Please print full name Please print full name  
and  
\_\_\_\_\_ Principal (for the College)

Should the College make an offer to \_\_\_\_\_ (above) of a place at the College.

I/we, the undersigned, being the parents/legal guardians of the above-named student will accept the offer of a place in 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 Shalom College, 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 College, he/she will take part in and support these faith activities and respect the religious principles and practices of the College, and that failure to do so could lead to cancellation of enrolment.
2. I/We accept that our son/daughter is admitted to the College on the condition that he/she will abide by the college rules, codes of behaviour and policies, including those regarding curriculum, discipline, dress, conduct and well-being and that I/we will support these college expectations and policies in the interest of the well-being of the whole college community.
3. In this support, I/We will keep Shalom College indemnified against any loss or damage caused by any failure of my/our son/daughter to observe the college rules, codes of behaviour and policies.
4. I/We accept that during the time the student attends Shalom College he/she will live in the care and control of his/her family and that any proposed changes in this regard must be discussed with the College and notified in writing and be accepted by the Principal.
5. I/We agree to work in partnership with the College in the best interests of our son/daughter and all other students.
6. I/We acknowledge the educational expertise of the College's personnel and will support their educational initiatives for my/our son/daughter.
7. I/We agree that the college rules, codes of behaviour and policies may be altered or added to at any time, using due process.



# STUDENT ENROLMENT FORM

## SECTION 11

## ENROLMENT CONTRACT *continued*

8. If the student is to cease his/her enrolment, I/We will give written notice of the proposed change to the College at the earliest opportunity.
9. I/We accept the responsibility to pay college fees and levies according to Diocesan Policy Guidelines and account procedures. I/We understand that these fees remain payable unless otherwise agreed.
10. I/We agree that if I/We are unable to pay the prescribed fees in whole or in part as a result of genuine financial hardship, I/We will make written application to the College for a Fee Concession and make available to the College all relevant information, including access to Centrelink files to allow the school to make a determination of the fees to be paid, as specified in the Diocesan School Fee Collection Policy.
11. I/We will contact the College 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 College on how any resulting debt will be paid.
12. I/We acknowledge that, unless otherwise agreed in writing, as parent/parents/guardians/carer/carers, I/we are and will remain jointly and severally 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 College may take legal action to recover outstanding fees and levies.
13. In the event of any medical or other emergency arising in which the College considers it impossible or impracticable to communicate with the undersigned parents/guardians/carers, I/We accept and give consent that the College will take all reasonable care of my/our son/daughter but that the College 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 the College 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 College sick bay.
14. This consent (refer paragraph 13) which I/We have given is valid at all times while the student is in the custody of the College, 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, excursions or functions.
15. 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.
16. The Principal, or delegate/nominee, has authority to apply whatever disciplinary measures are appropriate or necessary in relation to the conduct/behaviour of my/our son/daughter, both inside the College and at outside College related events. This includes behaviour whether inside or outside the College that might bring the good name of the College into disrepute and may include the decision to suspend/exclude/expel the student for any case judged to be sufficient. The law and the Student Protection Policy require the school to contact State Authorities directly in cases of harm or sexual abuse to students.
17. The College does not insure my/our son/daughter's health or property of any description. (e.g. mobile phones, computers etc).
18. This contract will be binding and remain in force for the duration of my/our son/daughter's enrolment at the College.
19. I/We will use my/our best endeavours to ensure the student will not be absent from the College without leave of absence, and that the term dates as advertised will be adhered to.



# STUDENT ENROLMENT FORM

## SECTION 11 ENROLMENT CONTRACT *continued*

20. Student's absent without leave being granted may forfeit credit for assessments missed during their absence.

### Consents

21. 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 College
22. I/we accept that this consent covers the total period the student is enrolled at the college and that, apart from being given notice of the activity, no further consent will be sought for Category A activities.
23. For extended activities/excursions (**Category B**) where, in the reasonable opinion of the teacher in charge, specific consent is required, that additional consent will be sought from the parents/guardians.

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

- Overnight activities
- Activities involving distance or extensive travel
- Activities which may have higher than average inherent risk. Eg camps

24. I/We consent to the student being identified (photographed and/or named) in any College or Catholic Education related publication, including the Shalom College Year Book, newsletter, web site, audio-visual presentations and records of achievement. Specific consent will be sought for external marketing and promotional purposes.
25. I/We consent to the college 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).

YES

NO

26. I/We have made **full and frank disclosure** of all information requested by the College 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 <i>Please print in full</i>	Signature	Date
Father/Guardian/Carer <i>Please print in full</i>	Signature	Date
Student <i>Please print in full</i>	Signature	Date
Principal <i>Please print in full</i>	Signature	Date



# STUDENT ENROLMENT FORM

## DOCUMENT CHECKLIST

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

- Birth certificate or extract or identity documents
- Sacramental certificates
- Latest School report
- Documentation relating to special needs (any reports, action plans, assessments, etc)
- Court order (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)

## INTENDED PAYMENT METHODS – Please tick preference

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

- |             |                                    |                  |                          |
|-------------|------------------------------------|------------------|--------------------------|
| CASH        | <input type="checkbox"/>           | DIRECT DEBIT     | <input type="checkbox"/> |
| CHEQUE      | <input type="checkbox"/>           | BPAY             | <input type="checkbox"/> |
| CREDIT CARD | By phone <input type="checkbox"/>  | INTERNET BANKING | <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, addresses 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 in information you provide (see page 16)

## 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:	
Student I.D.		Family Code:	
Comments:			
Medical and Special Educational Needs notes:			
Principal's Signature:			Date: / /





# STUDENT ENROLMENT FORM

## RESPECTING YOUR PRIVACY

All information on the Student Enrolment Form is strictly confidential, and will be kept by Shalom College and the Catholic Education – Diocese of Rockhampton Office. The primary purpose of collection 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 College's legal obligations, particularly in enabling the College to discharge its duty of care to students and parents/guardians/carers. This information may also be used for appropriate parish purposes.

Shalom College 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 Shalom College 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

#### - SECTIONS 1 and 9

- 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 education purposes.

### Student and Parent Background Information

#### - SECTIONS 2 and 11

- 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 parents'/guardians'/carers' 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 the Diocese's strict reporting protocols ensure data does not identify individual students or parents/guardians/carers.

### Special Family Circumstances

#### - SECTION 4

- 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 College as soon as possible about any changes to your family arrangements.

### Alternative Emergency Contacts

#### - SECTION 10

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

### Student Medical Information

#### - SECTION 7

- 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 parents/guardians/carers to provide medication to the school in an authorized pharmacy packet.
- Inform the College if your child develops a medical condition that may require regular or emergency attention from College staff. In the event that this information is not provided, the College will not be liable for any failure to render assistance to the child.
- Medical information will be shared with College staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the College in suitable locations to ensure that appropriate action is taken in emergencies.

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

### Enrolment Contract

#### - SECTION 12

- This section is completed by the parents/guardians/carers of the child and outlines conditions by which all parties to this Contract of Enrolment will abide.

### Consents

#### - SECTION 12

- Consent is required by the parents/guardians/carers 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 parents/guardians/carers 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 College in writing.

