

St Ursula's College is committed to providing a quality education in a caring environment. The College is a community of faith and the Gospel values underpin teaching and learning. Each student is important and the curriculum is directed at the total formation of the individual.

APPLICATION FORM - STUDENT ENROLMENT

SUBMISSION OF THIS FORM DOES NOT GUARANTEE ENROLMENT

Full and frank disclosure of requested information is required.

Failure to disclose all relevant, current and correct information could result in the cancellation of enrolment.

Student Name: _____

Year of Entry: 20_____

Year Level in which the student is enrolling: 7 8 9 10 11 12

Is student repeating a year: Yes No

Type of enrolment: Day Student Full Time Boarder Weekly Boarder
(Sunday afternoon-Friday afternoon)

DOCUMENT CHECKLIST

When enrolling your daughter at this College, copies of the following **MUST** be provided with the application form. You will be notified if the College requires attendance at an Interview. *Interviews will NOT be scheduled until documentation is supplied.*



- | | |
|---|--|
| <input type="checkbox"/> Birth certificate (Certified copy or original sighted by school) | <input type="checkbox"/> Sacramental certificates (if applicable) |
| <input type="checkbox"/> Latest school reports (last two semester reports) and Principal's reference required from previous school/s if transferring during school year | <input type="checkbox"/> Documentation relating to special needs ie any reports, action plans, assessments (if applicable) |
| <input type="checkbox"/> Most recent NAPLAN results | <input type="checkbox"/> Evidence of parent(s)/guardian(s) citizenship |
| <input type="checkbox"/> Immunisation Certificate | <input type="checkbox"/> SET Plan if enrolling in Years 11-12 or midway through Year 10 |
| <input type="checkbox"/> Parent Questionnaire / My Story | <input type="checkbox"/> Court order, Access Restrictions, Parenting Plans (if applicable) |

If you or your daughter are NOT Australian Citizens, you will need to provide:

- Passport or travel documents Current visa and previous visas (if applicable)

In addition, if you or your daughter are temporary visa holders you will need to provide:

- Evidence of the visa the student and the parent has applied for or has been granted

ENROLMENT FEE

The Enrolment Fee **MUST** accompany this application (Non-Refundable)
Day Student / Boarding Student = \$100.00

PAYMENT METHODS

\$ CASH Administration Office only Cheque or Money Order []

CREDIT CARD MasterCard Bankcard Visa Amount: \$ _____ : _____

Card Number: □□□□-□□□□-□□□□-□□□□ Expiry Date: ____ / ____

Cardholders Full Name: _____ Signature: _____

KEEPING STUDENT RECORDS UP-TO-DATE

Please inform the Enrolment's Officer if any information provided on this form (such as contact details, address and medical information) needs to be changed at a later date.

Please read the privacy information below before completing this form.

RESPECTING YOUR PRIVACY

All information on the Student Enrolment Form is strictly confidential. 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 College's legal obligations, particularly to enable St Ursula's to discharge its duty of care to students and parents/guardians/carers. This information may also be used for appropriate Parish purposes.

St Ursula's College is bound by the *Privacy Amendment (Private Sector) Act 2000*, and has 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 the College's office.

We need your enrolment details for the following:

Student and Parent Contact Details

- SECTIONS 1 and 4

- 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

- SECTIONS 2 and 7

- 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 education authorities in ensuring funding and teaching resources are appropriately allocated to Catholic Schools and will assist in planning for future educational needs at St Ursula's College.
- Some of this information will be forwarded to the Australian Government, but the College's strict reporting protocols ensure data does not identify individual students or parents/guardians/carers.

Special Family Circumstances

- SECTION 5

- 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

- SECTION 6

- 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.

Student Medical Information

- SECTION 9

- Health information – so that our staff can properly care for your daughter. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your daughter'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 College if your daughter develops a medical condition that may require regular or emergency attention from College staff. In the event that this information is not provided, the school will not be liable for any failure to render assistance to your child.
- Medical information will be shared with staff on a "need to know" basis. Relevant sections of your daughter'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 office if you require further information or clarification regarding St Ursula's College Medications Policy.

Enrolment Contract

- SECTION 11

- This section is completed by the parent/guardian/carer of the student and outlines conditions which all parties to this Contract of Enrolment will abide by.

Consents

- SECTION 11

- 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 College, Parish, Diocese or Queensland Catholic Education Commission purpose in whole or in part. These contracts are ongoing. If you wish to withdraw consent, please inform the school in writing.

STUDENT ENROLMENT FORM

SECTION 1 STUDENT DETAILS

Student's Legal Name:

Surname

First and middle names

Preferred First Name:

(Legal Name will appear on reports)

Date of Birth: / /

Religion: *(Please tick one only)*

Parish:

- | | | | | | |
|------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Methodist | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Anglican | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Australian Indigenous Traditional | <input type="checkbox"/> |
| Uniting | <input type="checkbox"/> | Greek Orthodox | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Lutheran | <input type="checkbox"/> | Russian Orthodox | <input type="checkbox"/> | Non-Denominational | <input type="checkbox"/> |
| Apostolic | <input type="checkbox"/> | Other Christian | <input type="checkbox"/> | No Religion | <input type="checkbox"/> |
| Presbyterian | <input type="checkbox"/> | Islamic | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Church of Christ | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | please specify..... | |

Sacraments: *(Documentary evidence required)*

	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's contacts:

Student's Mobile Phone :

Student's Car Registration:

Student's email:

Car Make & Model:

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)*

Yes If yes, all accounts, assessments and attendance details will be sent to the student.

No If no, all accounts, assessments and attendance details will be sent to the person(s) nominated in Section 4.

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

STUDENT TRANSPORT

	Mode of Transport (Bus/Walk/Car/Bicycle)		Distance
To School		Home to school	
From School			

STUDENT ENROLMENT FORM

SECTION 2 STUDENT BACKGROUND INFORMATION

What is the student's residency status?

- Australian Citizen
- New Zealand Citizen
- Permanent Resident
- Temporary Visa Holder

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

Country of Passport Issue: _____

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: _____ / _____ / _____

Do you consent to the school verifying the student's Visa status with the Australian Department of Immigration and Boarder Protection, if required? 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
- Yes, Other
(Please specify)

Student's Indigenous status

- No
- Yes, Aboriginal

Is the student of Aboriginal or Torres Strait Islander origin?

- Yes, Torres Strait Islander
- Yes, both Aboriginal & Torres Strait Islander

If YES - Student's Indigenous tribal grouping / clan name or language group (if known)

SECTION 3 PREVIOUS SCHOOL DETAILS

Student's previous school details, including Primary and other Secondary Schooling. (Attach additional sheet if necessary). The Principal or delegate may contact previous schools to gather information relating to the educational requirements for the student.

Name of Previous School/Service Attended	Date of Leaving	Year Level attained	State or Territory	Country (if not Australia)
	/ /			
	/ /			
	/ /			
	/ /			

Has the applicant ever been suspended, excluded or expelled from another school or College? Yes No

If Yes please provide details of the school and incident that led to each suspension, exclusion or expulsion.

STUDENT ENROLMENT FORM

SECTION 4 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

Parent / Guardian / Carer No 1	Parent / Guardian / Carer No 2
<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"/> 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
Given Name/s	Given Name/s
Surname	Surname
Religion	Religion
Parish	Parish
Relationship to Student: <input type="checkbox"/> 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 <i>Please specify:</i>	Relationship to Student: <input type="checkbox"/> 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 <i>Please specify:</i>
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single
Residential Address:	Residential Address:
City	City
State	State
Post Code	Post Code
Postal Address (if different from above):	Postal Address (if different from above):
City	City
State	State
Post Code	Post Code
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
E-mail Address:	E-mail Address:
At your residence do you have access to a computer and the internet? <input type="checkbox"/> YES <input type="checkbox"/> NO	At your residence do you have access to a computer and the internet? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employment Details:	Employment Details:
Occupation:	Occupation:
Employer:	Employer:
Employer Phone:	Employer Phone:

Will you be applying for any Educational Allowances? (please tick if so)

- Assistance for Isolated Children (AIC)** ph 132 318 for more information/forms
- Youth Allowance** ph 132 490 for more information/forms
For students aged between 16 to 24. Can be claimed online at www.centrelink.gov.au
- Abstudy** ph 132 317 for more information/forms
Educational assistance for A.T.S.I. students
- Living Away from Home Allowance (LAFHA)** ph 1800 248 997 for more information/forms

STUDENT ENROLMENT FORM

SECTION 4 PARENT / GUARDIAN / CARER INFORMATION (Continued)

PART B PERSON(S) TO RECEIVE ACCOUNTS

Parties responsible for payment of fees must complete this section and record the percentage of responsibility.

<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"/> 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
Given Name/s	Given Name/s
Surname	Surname
Postal Address:	Postal Address:
City	City
State Post Code	State Post Code
Relationship to Student	Relationship to Student
Percentage of Responsibility: %	Percentage of Responsibility: %
I confirm that I am responsible for payment of this student's school fees and all associated costs as stated above.	I confirm that I am responsible for payment of this student's school fees and all associated costs as stated above.
Signature:	Signature:

Do you require a split account? YES NO

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

If you complete this section then you must also complete SECTION 5 (Special Family Circumstances) of the Enrolment Form.

<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"/> 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
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:
Employment Details:	Employment Details:
Occupation:	Occupation:
Employer:	Employer:
Employer Phone:	Employer Phone:

STUDENT ENROLMENT FORM

SECTION 4 PARENT / GUARDIAN / CARER INFORMATION (Continued)

PART D PERSON(S) TO RECEIVE SCHOOL REPORTS

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

<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"/> 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
Given Name/s	Given Name/s
Surname	Surname
Postal Address:	Postal Address:
City	City
State	State
Post Code	Post Code
Relationship to Student:	Relationship to Student:

SECTION 5 SPECIAL FAMILY CIRCUMSTANCES

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

.....

.....

.....

Students 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



SECTION 6 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				

STUDENT ENROLMENT FORM

SECTION 7 PARENT / GUARDIAN BACKGROUND INFORMATION

As required under the Australian Government Schools Assistance Act 2004

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

Parent/Guardian 1 information

Does parent/guardian 1 speak a language other than English at home?

No, English Only Yes, Other, please specify

Is parent/guardian an Australian Citizen?

Yes No, (please refer to Document Checklist on page 1)

Parent/Guardian 2 information

Does parent/guardian 2 speak a language other than English at home?

No, English Only Yes, Other, please specify

Is parent/guardian an Australian Citizen?

Yes No, (please refer to Document Checklist on page 1)

What is the highest year of primary or secondary school parent/guardian 1 has completed

Mark one box only

(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

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

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

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 the parent/guardian 1?

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

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

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

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.

SECTION 8 SIBLING INFORMATION

List all children in the family from ELDEST to YOUNGEST – including the enrolling student.
Indicate HOUSE name only if enrolling student has an older sibling at the same College.

Brother's/Sister's Given names	Surname	DOB	School	House (If applicable)	Year Level
1.					
2.					
3.					
4.					
5.					

STUDENT ENROLMENT FORM

SECTION 9 STUDENT MEDICAL INFORMATION

Indicate if the student has been affected by or suffers from any of the following?

(Please note you must tick Yes or No)

Conditions	Yes	No	Details – Please include regular medication and management plans
Allergies / Adverse Reactions (food, animals/insects, medication, drugs)			Must supply Allergic Reaction management Plan
Anaphylaxis			Must supply Anaphylaxis management Plan
Asthma or Respiratory Condition			Supply Asthma Management Plan for Severe Asthmatics
Behavioural – ADD, ADHD, OCD etc			Include copy of diagnosis, complete page 12 and attach any relevant information
Congenital Condition/ Pre or Post Natal Concerns			
Cardiac Condition – heart disease, high blood pressure etc			
Diabetes – Type & Management i.e. Type 1,Pump, Type 2,			Supply a Diabetes Management Plan from Doctor or Diabetes Educator
Diagnosed Disabilities – Physical Impairment, Intellectual Impairment, Autistic Spectrum Disorder, Speech/Language Impairment, Vision Impairment, Hearing Impairment, Social Emotional Disorder, Dyslexia			Include copy of diagnosis, complete page 12 and attach any relevant information
Ear, Nose and Throat Conditions – hearing difficulties, epistaxis, tonsillitis etc			
Eating Concerns/Disorder or Special Dietary Requirements			
Epilepsy			
Eye conditions – colour blindness, glasses, blindness, surgery etc			
Glandular Fever, Malaria, Ross River Virus, Rhuematic Fever			
Hay fever			
Headaches / Migraines or Head injury			
Medications – Other medication if needed			
Muscular/Skeletal – back, knee, hip, leg, shoulder, arm, wrist, joint pain etc			
Previous surgery – Appendix, hernia etc			
Psychological Condition – anxiety, depression, phobias, fears etc			Must provide evidence of diagnosed condition, complete page 12 and attach relevant information
Renal condition – bed wetting etc			
Skin Condition			
Tuberculosis			
Other Medical Conditions			

Please attach all relevant information as requested in the details column for any condition where YES has been ticked. (Attach an additional sheet if necessary)



STUDENT ENROLMENT FORM

SECTION 9 STUDENT MEDICAL INFORMATION (Continued)

Additional information/ explanation as per Medical Conditions Table (Page (9):

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List any other medical alerts, diseases, surgery or disorders, or recurring illnesses:

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.....

Is the student taking any medication regularly? Yes No
If yes, please state below:

.....
.....
.....

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

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.....
.....

Are there any sports in which the student should NOT participate? Yes (please specify) No

.....
.....
.....

STUDENT ENROLMENT FORM

SECTION 9 STUDENT MEDICAL INFORMATION (Continued)

Medicare Number: --- Ref (Number next to name) Expiry date: ____ / ____

Health care Number: --- Expiry date: ____ / ____

Health Fund: _____ Health Fund Number: _____

Family Doctor: _____ Phone Number: _____

Boarding students - Preferred local Doctor: _____ Phone Number: _____

Boarding students Family Dentist: _____ Phone Number: _____

Medication Authorisation

In the event of my daughter having medical problems, I give permission for the following treatment.

Pain and Fever (tick medication and dosage please)

	Yes/No	Quantity
Panadol	Yes/No	
Nurophen	Yes/No	
Antihistamine	Yes/No	
Aspro Clear	Yes/No	

Other Nominated Treatment

If students require other medication it must be provided to the College Health Centre for safe storage. All medication must be labelled with Name, Dosage and Time.

IMMUNISATIONS

Immunisation History

Please **attach a copy** of your child's up to date Immunisation Record. Details can be obtained from the Australian Immunisation Register (AIR) <https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register> (for Vaccines given since 1 January 1996).

For immunisation records administered by Queensland Health through School, which are currently stored on the VIVAS register (in the process of being transferred to AIR), you will need to need to contact Queensland Government Department of Health local branch. The Department of Health Rockhampton Branch contact details Phone: (07) 49206989.

If your vaccinations administered at School were Interstate you will need to contact the Health Department of that particular State.



STUDENT ENROLMENT FORM

SECTION 9 STUDENT MEDICAL INFORMATION (Continued)

SPECIALIST ASSESSMENTS

IMPORTANT: Please record YES/NO against each service. Has your daughter been assessed or treated by any of the following specialist services since birth?


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

If yes to any of the above, please provide details and treatment, medical/specialists reports. 

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 and provide the required EAP documentation 

Category	Tick
Intellectual Disability	<input type="checkbox"/>
Speech Language Impairment	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>
Vision Impairment	<input type="checkbox"/>
Physical Impairment	<input type="checkbox"/>
Social Emotional Disorder	<input type="checkbox"/>

STUDENT ENROLMENT FORM

SECTION 10 ADDITIONAL INFORMATION

Parent / Guardian / Carer Involvement (Please tick areas of possible involvement):

P & F Committee Member	<input type="checkbox"/>	Name:
P & F Committee Member	<input type="checkbox"/>	Name:
Excursion Assistance	<input type="checkbox"/>	
Extra-curricular (e.g. Sport/Music)	<input type="checkbox"/>	- Please Specify:
Special Skills/Interests (e.g. Musical Instrument, Craft etc)		

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:

Please provide information as to why you chose St Ursula's College:

To assist the College in providing for your daughter's education, it would be useful to have the following information:

What are her particular: STRENGTHS & ABILITIES?
PREFERRED LEARNING STYLE?
HOBBIES & INTERESTS?

SECTION 11 ENROLMENT CONTRACT

In the event that the College makes an offer of a place at the College to the student named in this application then I/We, the undersigned, being the parents/legal guardians of _____ (STUDENT NAME) will accept the offer of a place in year _____ (YEAR LEVEL) in _____ (YEAR OF ENTRY).

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

1. I/We seek a Catholic education for our daughter and I/we support the Christian values of St Ursula's College, the Religious Education and other College initiatives that actively espouse and promote Christian values. I/We understand that while my/our child is a student at the College, she is expected to 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 daughter is admitted to the College on the condition that 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 reasonable College expectations and policies in the interest of the wellbeing of the whole College community.
3. In this support, I/we will keep the College indemnified against any loss or damage caused by any failure of my/our daughter to observe the College rules, codes of behaviour and policies.
4. I/We accept that during the time the student attends the College she will live in the care and control of at least one of the named parties listed at Section 4 Part A 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 acknowledge that St. Ursula's College Ltd ("the College") does not insure the personal effects of students. I/We agree to accept responsibility for any loss or damage to personal property (phones, computers, jewellery etc) of our daughter during the term of her enrolment at the College. I/We release and indemnify the College against all claims for damages to or loss of such personal property, whether or not it is caused by the College's negligence or default.
6. I/We agree to work in partnership with the College in the best interests of our daughter and all other students.
7. I/We acknowledge the educational expertise of the College and will support its educational initiatives for my/our daughter.
8. I/We agree that the College rules, codes of behaviour and policies may be altered or added to at any time, using due process.
9. If the student is to cease her enrolment, I/we will give written notice of the proposed change at the earliest opportunity.
10. I/We accept the responsibility to pay College fees and levies according to St Ursula's Policy Guidelines and account procedures. I/We understand that these fees remain payable during any period of absence of our daughter unless otherwise agreed and that if fees remain unpaid by the end of the school year, the College has the right to refuse the continuing enrolment of my/our daughter.
11. 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 to allow the College to make a determination of the fees to be paid, as specified in the St Ursula's Fee Collection Policy.
12. 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 College on how any resulting debt will be paid.
13. I/We acknowledge that, unless otherwise agreed in writing, as parent/parents/guardian/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.
14. 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 daughter but will not be responsible for the costs of any medical or dental attention or treatment administered to my/our 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 daughter including attention provided at the College Health Centre. I/we authorise the administration of anaesthetic and /or blood transfusion if that is deemed necessary by the attending medical officer.
15. This consent (refer paragraph 14) 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, excursion, function or other educational activity off campus.
16. 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.
17. The Principal, or delegate / nominee, has authority to apply whatever disciplinary measures are appropriate or necessary in relation to the conduct of my/our daughter, both inside the school and at outside school 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 cause judged to be sufficient. The law and the Student Protection Policy require the College to contact State Authorities in cases of harm or sexual abuse to students.
18. This contract will be binding and remain in force for the duration of my/our 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 term dates as advertised will be adhered to. Students absent without leave being granted may forfeit credit for assessments missed during their absence.
20. I/We accept that all unexplained absences by my daughter/s will be communicated to me/us via SMS from the College.
21. I/We accept that Academic Reports, Accounts and Newsletters will be provided electronically.
22. I/We accept to adhere to the College Information and Technology Policy (available from the College website)

23. 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 she is unable to participate I/we will contact the College.
- I/We accept that this consent lasts for the period the student is at the College and that, apart from being given notice of the activity, **no further consent may be sought for Category A activities.**
 - I/We understand that in accordance with Student Medical Information provided, I/We is/are authorising the administration of paracetamol in quantities that shall be strictly adhered to, and when no quantity is specified with the authority to administer, College staff are required to limit provision to the maximum dosage of 500mg, 4 hourly.
 - 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 distance or extensive travel
 - Activities which may have higher than average inherent risk. e.g. camps
24. I/We acknowledge that, by enrolling our daughter at St Ursula's College, she may be identified (photographed and/or named) in College related publications, including Newsletters, audio-visual presentations, records of achievement and reports of student activity.
25. I/We consent to the student being identified (photographed and/or named) in any student activity through public media outlets. Specific consent will be sought for external marketing and promotional purposes including the College Website.

YES NO

26. 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), and my daughter's details to the - St Ursula's "Past Pupils" Association when she leaves the school, if applicable.

YES NO

27. In the event that our daughter enrolls in a Vocational Education and Training (VET) subject, I/We consent to the College applying for a Unique Student Identifier (USI) number on our daughters behalf and providing the Student Identifiers Registrar with personal and identity document details. We have read and understood the privacy notice listed in the Privacy Section the Enrolment Pack.

YES NO

28. I/We acknowledge that the College will disclose to the Australian Curriculum Assessment and Reporting Authority (ACARA) and other State and Federal bodies as required by law, information such as our child's gender, date of birth, country of birth, background language, residential address, parental occupation and parental education. This information will be used in formulating national reports consisting of aggregated data on school performance and assisting government to formulate policies in relation to education matters. ACARA will not disclose this personal information to any third party.

29. 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 College.

30. I/We understand that all information on the Application for Student Enrolment will be kept in accordance with the College Privacy Policy which is available from the College website www.stursulas.qld.edu.au

Mother/Guardian/Carer <i>Please print in full</i>	Signature	Date
Father/Guardian/Carer <i>Please print in full</i>	Signature	Date
Student (Only if an independent enrolment) <i>Please print in full</i>	Signature	Date
Principal <i>Please print in full</i>	Signature	Date

STUDENT ENROLMENT FORM

Attachment A

LIST OF PARENTAL OCCUPATION GROUPS

The following list of parental occupation groups refers to Section 7

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

Senior executive/manager/department head in industry, commerce, media or other large organisation

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, word 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

STUDENT CODE OF BEHAVIOUR

The students of St Ursula's College are expected to witness to their belief in Gospel values by:

- Participating in class and school Liturgies, Retreat Days & Prayer
- Being actively involved in Religious Education classes
- Having a positive attitude to practising their Faith

Students are expected to show **respect** and concern for others by:

- Speaking and acting courteously to all staff and visitors to the College
- Acting in a friendly manner towards each other, both individually and in group situations
- Not gossiping about and criticising other students
- Not damaging anybody else's reputation
- Not using inappropriate, unacceptable or threatening language
- Refraining from actions that threaten, harm or demean others
- Not disrupting the learning of others
- Moving quietly between classes
- Correct use of technology

Students are expected to show **respect** for themselves by:

- Behaving in a way that upholds their dignity as young Christian women
- Not smoking or introducing/using alcohol or drugs. The breaking of this rule at the College or at any College function is considered to be a serious offence
- Wearing their school uniform with pride
- Dressing appropriately at all College functions

All students are to **respect** property by:

- Having their own belongings properly named
- Borrowing only with the express permission of the owner, and returning the item as soon as possible
- Not stealing
- Using College property including books and resources with respect
- Caring for the environment by not littering, defacing with graffiti nor damaging willfully
- Not bringing chewing gum to school
- Reporting damages as soon as possible

Breaches to this Code of Behaviour and the Uniform Policy will result in consequences. An accumulation of such breaches may result in the student ineligible for an Honour Certificate.

OFFICE USE ONLY

Enrolment Fee (\$)	Receipt No:	Date Received:	/	/	/
Interview Date:	/	/	Interviewed By:	Enrolment Accepted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year Level:	House Group:	Date of Commencement:	/	/	/	
Family Code:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Student I.D.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Prior to Interview	<input type="checkbox"/>	sighted by Principal / Deputy Principal				
	<input type="checkbox"/>	sighted by Learning Enhancement				
After Interview	<input type="checkbox"/>	sighted by Curriculum				
	<input type="checkbox"/>	sighted by Finance / Payment Agreement Form				
	<input type="checkbox"/>	Acceptance/Non-Acceptance Letter				
	<input type="checkbox"/>	Medical details				
Principal's Signature:			Date: / /			