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EDMUND RICE EDUCATION  
AUSTRALIA

## St James College

*A Catholic School in the Edmund Rice Tradition*

# APPLICATION FOR ENROLMENT

## FOR DOMESTIC STUDENTS RESIDING IN AUSTRALIA

This is an Application for Enrolment only. Submission of this form does not guarantee enrolment.

**Please complete this form in full and return with supporting documentation listed on page 12.**

**Student First Name:** \_\_\_\_\_

**Student Surname Name:** \_\_\_\_\_

**Year Level for which the student is seeking enrolment?**

5  6  7  8  9  10  11  12

**Year of Entry** (e.g. 2026, 2027) \_\_\_\_\_

**Term of Entry:** T1  T2  T3  T4

**Is the student repeating a year?** YES  NO

### OFFICE USE ONLY

**Student ID No.** \_\_\_\_\_

**House / HR.** \_\_\_\_\_

**Date of Entry** \_\_\_\_\_

**Date Left** \_\_\_\_\_

**Register No.** \_\_\_\_\_

# SECTION 1

## STUDENT DETAILS

**Student's Legal Name** (Family Name) \_\_\_\_\_ (First and middle names) \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_ **Date of Birth:** / /

**Postal Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Residential Address:** (If different from above) \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Gender:**  Male  Female  Other **Country of Birth:** \_\_\_\_\_

**If not born in Australia, Date of arrival:** \_\_\_\_\_


**Main language spoken at home:** \_\_\_\_\_ **Student's Mobile No:** \_\_\_\_\_

**Medicare No:** \_\_\_\_\_ **Centrelink Health Care Card No:** \_\_\_\_\_  
(if applicable)

**Does the student hold Australian Citizenship**  No  Yes


**If No, does the student have permanent residency**  No  Yes **Visa Number:** \_\_\_\_\_

**If No, does the student have a temporary visa**  Yes **Visa Number:** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Is the student in the care of the State?**  No  Yes (If YES –please attach supporting legal documents). 

**Religion: (Please tick ONE only)**

<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Methodist	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Anglican	<input type="checkbox"/> Greek Orthodox	<input type="checkbox"/> Aust. Indigenous Traditional
<input type="checkbox"/> Uniting	<input type="checkbox"/> Mormon	<input type="checkbox"/> Jewish
<input type="checkbox"/> Lutheran	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Hindu
<input type="checkbox"/> Seventh Day Adventist	<input type="checkbox"/> Other Christian	<input type="checkbox"/> non-denominational
<input type="checkbox"/> Presbyterian	<input type="checkbox"/> Muslim	<input type="checkbox"/> No Religion
		<input type="checkbox"/> Other, please specify.....

**Sacraments:** (If Roman Catholic, please indicate the Sacraments received and attach copies of certificates if available) 

	Date	Church	Place
Baptism	/ /		
Eucharist	/ /		

**Student's Indigenous Status**

Is the student of Aboriginal or Torres Strait Islander origin?  
 No  Yes

If Yes, does the student identify as  
 Aboriginal?  
 Torres Strait Islander?  
 Both Aboriginal & Torres Strait Islander?

If yes, what is the student's Indigenous tribal group, clan name or language group (if known):  
 \_\_\_\_\_

**Parent/Carer Signature:** \_\_\_\_\_

### Mode of Transport to and from school

Main Mode of Transport	Normal Travel Arrangement
<input type="checkbox"/> Bus	Bus No. normally caught _____
<input type="checkbox"/> Train	Train Line normally travelled _____
<input type="checkbox"/> Private Car	Parent/Friend/Taxi (please state) _____
<input type="checkbox"/> Walk	

## PREVIOUS EDUCATION DETAILS

### Student's current and previous education details

*(Attach an additional sheet if necessary)*

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

Has the applicant ever been excluded from another school or college?  Yes  No

If Yes, please provide details

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## SPECIAL FAMILY CIRCUMSTANCES

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

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Student 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



## SIBLING INFORMATION

- List all children in the family from ELDEST to YOUNGEST – including the enrolling student.
- Indicate HOUSE or Home Group name only if enrolling student has a sibling at St James College.

Brother's/Sister's Given names	Surname	DOB	School	House or Homeroom <i>(If applicable)</i>	Year Level
1.					
2.					
3.					
4.					
5.					
6.					
7.					

*Please go to next page*

# STUDENT MEDICAL INFORMATION

Indicate if the student has been affected by or suffers from any of the following? *(Please answer Yes or No)*

Condition		Condition		Condition	
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
ADHD	Yes / No	Frequent colds	Yes / No	Ross River Virus	Yes / No
Dyslexia	Yes / No	Ear infections	Yes / No	Rheumatic fever	Yes / No
Visual Processing	Yes / No	Epilepsy	Yes / No	Central Auditory Processing	Yes / No
Allergies	Yes / No	Diabetes	Yes / No	Other (state below)	
Anaphylaxis	Yes / No	Specific Learning	Yes / No		
Knocked unconscious	Yes / No	Anxiety	Yes / No		

**If Yes to any of the above, please provide necessary medical information and attach the student's Health Plan where applicable:**

*(Attach a separate sheet if necessary)*



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

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Does the student suffer from any significant allergy?

No     Yes    (If yes - please specify)

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

No     Yes    (If yes - please specify)

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Is the student taking any medication regularly?

No     Yes    (If yes - please specify)

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

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Can the student swim?

No     Yes

## IMMUNISATIONS

It is highly recommended that the authorising parent/guardian/carer completes this section.

Under the Queensland *Public Health Act 2005 (Ch 5)* legislation is in place to protect all students against a vaccine-preventable contagious condition.

Please indicate which of the vaccinations listed your child has received.

Yes  -tick those given

No  - leave blank

### Usual vaccinations up to 5 years of age:

Hepatitis B Vaccine (HEB)	<input type="checkbox"/>
Combined Diphtheria Tetanus Pertussis (DTP)	<input type="checkbox"/>
Poliomyelitis Oral or Injectable (OPV)	<input type="checkbox"/>
Haemophilus Influenzae Type B (HIB)	<input type="checkbox"/>
Measles, Mumps & Rubella (MMR)	<input type="checkbox"/>
Meningococcal Group (ACWY)	<input type="checkbox"/>
Varicella (Chickenpox) (VZV)	<input type="checkbox"/>
Pneumococcal (PCV)	<input type="checkbox"/>

### Additional vaccinations

Diphtheria and Tetanus (CDT)	<input type="checkbox"/>
Twinrix vaccine (combined Hepatitis A & B vaccine)	<input type="checkbox"/>
Influenza (Flu)	<input type="checkbox"/>
Meningococcal B	<input type="checkbox"/>
Covid 19 Dose 1 <input type="checkbox"/>	Covid 19 Dose 2 <input type="checkbox"/>
Booster if applicable <input type="checkbox"/>	

**Departmental Record Provided**     Yes     No

## SPECIALIST ASSESSMENT

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

Service	Y/N	Name of Centre / Practitioner	Report Attached Y/N	Date of Most Recent Visit	Is Your Child Attending Now? Y/N
Child Guidance					
Speech Pathologist					
Occupational Therapist					
Physiotherapist					
Psychiatrist					
Psychologist					
Specialist Clinic					
Audiology Clinic					
Learning Support Teacher					
Paediatrician					
Optometrist					
State Education Guidance					
Other					



# SECTION 2

## PARENT / GUARDIAN / CARER INFORMATION

PLEASE NOTE:

There are six parts to this section. All parts must be completed.

### 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
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 <input type="checkbox"/> _____
Given Name/s:	Given Name/s:
Surname:	Surname:
Religion:	Religion:
Parish (if applicable):	Parish (if applicable):
Relationship to Student: 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"/> Please specify:	Relationship to Student: 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"/> Please specify:
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:
Country of Birth:	Country of Birth:
Would you prefer to receive your school fees account electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, account will be posted to your home address.</small>	Would you prefer to receive your school fees account electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, account will be posted to your home address.</small>
Would you prefer to receive the weekly School Newsletter electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No, students to collect newsletter from school.</small>	Would you prefer to receive the weekly School Newsletter electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If No – students to collect newsletter from school.</small>
Occupation:	Occupation:
Workplace:	Workplace:
Work Phone:	Work Phone:
Driver's Licence No: _____	Driver's Licence No: _____
State of Issue: QLD NSW WA SA NT VIC TAS	State of Issue: QLD NSW WA SA NT VIC TAS

Copies of any Parenting Court Order or Parental Agreements must be attached



## PART B

### ADDITIONAL 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>				

## PART C

### 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

\_\_\_\_\_

#### 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 qualification 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 qualification since leaving school*

#### What is the occupation group of Parent/Guardian 1?

*To answer this question please refer to the List of Parental Occupation Groups on Page 9. 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 below.***

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

#### 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 2 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 qualification 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

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

#### What is the occupation group of Parent/Guardian 2?

*To answer this question please refer to the List of Parental Occupation Groups on Page 9. 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 below.***

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

## LIST OF PARENTAL OCCUPATION GROUPS

The following list of parental occupation groups refers to Part C

**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 ark attendant, crossing supervisor)
- **Defence Forces** ranks below senior NCO not included

**Group 8: A person has not been in paid work in the last 12 months.**

## PART D

### PERSON(S) TO RECEIVE ACCOUNTS

If the Accounts are sent to the parents/guardians/carers listed in Part A, please tick the box below. If Accounts are to be sent to **only one** of the parents/guardians/carers listed in Part A **OR** a third party, please complete the table below.

Accounts to be sent to the persons named in Part A of this section (p.7)

I confirm that I am responsible for payment of this student's school fees and all associated costs.

Name:

Signature:

Date:

OR

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:						
Postal Address:						
City:						
State:			Post Code:			
Relationship to Student:						
I confirm that I am responsible for payment of this student's school fees and all associated costs.						
Signature:						

## PART E

### PERSON(S) TO RECEIVE SCHOOL REPORTS

If School Reports are sent to the parents/guardians/carers listed in Part A, please tick the box below. If School Reports are to be sent to **only one** of the parents/guardians/carers listed in Part A **OR** a third party, please complete the table below.

School Reports to be sent to the persons named in Part A of this section (p.7)

OR

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 <input type="checkbox"/> _____
Given Name/s:							Given Name/s:						
Surname:							Surname:						
Postal Address:							Postal Address:						
State:                      Post Code:							State:                      Post Code:						
Email Address:							Email Address:						
Relationship to Student:							Relationship to Student:						

## PART F

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

If you complete this section then you must also complete Special Family Circumstances in Section 1 Page 3 of the Enrolment Form.

Parent No 1	Parent No 2
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 <input type="checkbox"/> .....
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:
Occupation:	Occupation:
Workplace:	Workplace:
Work Phone:	Work Phone:

# SECTION 3

## DOCUMENT CHECKLIST

Please ensure your this application is accompanied by copies of the following supporting documentation as applicable: -



- Birth certificate or extract or identity document
- Current Medicare Card
- Most recent school report and/or reference from previous schools
- Most recent Yr 7 or Yr 9 NAPLAN results (if applicable)
- Sacramental certificates (optional)
- Allied Health reports, therapy, interventions etc. (if applicable)
- Letter/s of diagnosis (if applicable)
- Medical action plans and/or health carer plans (if applicable)
- Court order, parenting plans, access restrictions etc (if applicable)

If your child is NOT an Australian Citizen, you will need to provide copies of:

- Passport or travel documents
- Current visa
- Previous visa (if applicable)

### INTENDED FEE PAYMENT METHOD – Please tick preference

Further details about the following payment methods will be provided by the College administration.

<b>CASH</b>	<input type="checkbox"/>	<b>DIRECT DEBIT</b>	<input type="checkbox"/>
<b>CREDIT CARD</b>	<input type="checkbox"/>	<b>INTERNET BANKING PAYMENT</b>	<input type="checkbox"/>
By Phone	<input type="checkbox"/>		
In Person	<input type="checkbox"/>		

Fee concession can be considered in special circumstances.

#### ASSISTANCE WITH COMPLETING THE FORM

If you require assistance completing this form, including translation services, please contact the school.

#### WHO SHOULD COMPLETE THIS FORM?

Parents/guardians/carers of students applying for enrolment at this school.

#### KEEPING STUDENT RECORDS UP-TO-DATE

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

#### RESPECTING YOUR PRIVACY

Edmund Rice Education Australia, together with your school, respects your privacy and is bound by privacy rules to protect the information you provide (see Page 15).

### OFFICE USE ONLY

<b>Interview Date:</b> /    /	<b>Interviewed By:</b>
<b>Enrolment Accepted:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Date of Commencement:</b> /    /	<b>Year Level:</b> <b>House:</b>
<b>Student I.D. No.</b>	<b>Family Code:</b>
<b>Comments:</b>	
<b>Medical and Learning Enhancement notes:</b>	
<b>Principal's Signature:</b>	<b>Date:</b> /    /

## RESPECTING YOUR PRIVACY

All information on the Application for Student Enrolment form is strictly confidential, and will be kept by your school and Edmund Rice Education Australia (EREA). The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education in the Edmund Rice tradition. In addition, some of the information we collect and record is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians/carers.

Catholic Schools and EREA 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 your school's office.

We need your enrolment details for the following:

### Student and Parent Contact Details

- Pages 2 and 7

- 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

- Pages 3 and 8

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

### Special Family Circumstances

- Page 3

- 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

- Page 8

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

### Student Medical Information

- Page 4

- 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 parent/guardian/carer to provide medication to the school in an authorised pharmacy packet.

***Please contact your school if you require further information or clarification regarding the Medications Policy.***

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

### Enrolment Contract

- Page 14

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

### Consents

- Page 15

- 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, school website, publication, and display for any EREA or Queensland Catholic Education Commission purpose in whole or in part.

These consents are ongoing. If you wish to withdraw consent, please inform the school in writing.

# SECTION 4

## ENROLMENT CONTRACT

STUDENT NAME:			
YEAR LEVEL		YEAR OF ENTRY	

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

\_\_\_\_\_ Mother/Guardian/Carer  
(Please print full name)

\_\_\_\_\_ Father/Guardian/Carer  
(Please print full name)

and the Principal of St James College.

### General

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.

In the event that the College makes an offer of a place at the school to the student as named above then I/we, the undersigned, being the parents/legal guardians of the above-named student will accept the offer of a place in the class and year of entry, as indicated above and 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 the school and the values of the *EREA Charter*, 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 school, he/she is expected to take part in and support these faith activities and respect the religious principles and practices of the school, and that failure to do so could lead to cancellation of enrolment.
2. I/we accept that our son/daughter is admitted to the school on the condition that he/she will abide by the school rules, codes of behaviour and policies, including those regarding curriculum, discipline, dress, conduct and well-being and that I/we will support school expectations and policies.
3. In this support, I/we will keep the school indemnified against any loss or damage caused by any failure of my/our son/daughter to observe the school rules, codes of behaviour and policies.
4. I/we accept that during the time the student attends the school he/she will live in the care and control of at least one of the above-named enrolling parties 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 agree to work in partnership with the school in the best interests of our son/daughter and all other students.
6. I/we acknowledge the educational expertise of St James College and will support its educational initiatives for my/our son/daughter.
7. I/we agree that the codes of behaviour and policies of St James College and EREA may be altered or added to at any time, using due process.
8. If the student is to cease his/her enrolment, I/we will give written notice of the proposed change at the earliest opportunity.

## Tuition Fees

9. The fee schedule is effective from January 1<sup>st</sup> of each year. The College reserves the right to vary this schedule upon notice to the Fee Payer whose signature/s appear on the Application for Enrolment form. Should the name of the Fee Payer change for any reason, that person/s has the responsibility to inform the College immediately. Fee and levies are billed at the commencement of each semester. Payment may be made in a variety of methods agreed to in consultation with the College Business Manager.
- I/ We acknowledge that we are jointly and severally liable for the payment of fees and levies.
  - Should my/our account be placed in the hands of debt recovery consultants, then I/we hereby agree to pay all expenses relating to the recovery of my/our account, and we understand that any default debt may be reported to a credit reporting agency.
  - I/we acknowledge to give written notice as soon as possible should I/we choose to withdraw our son/daughter from the College and we agree that all outstanding fees will be finalised by the date of departure.
  - If I am eligible for a fee concession rate, this must be negotiated with the Business Manager prior to the student commencing at St James College.

## Medical or Emergency Situations

10. In the event of any medical or other emergency arising in which the school considers it impossible or impracticable to communicate with the undersigned parents/guardians/carers, I/we accept and give consent that the school will take all reasonable care of my/our son/ daughter but 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 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 son/daughter including attention provided at the School Sick Bay.

## Behaviour, Attendance, Property

11. This consent (refer paragraph 12) which I/we have given 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 on campus, is present at school camps or is attending or participating in a work experience program including structured work placements, traineeships or apprenticeships, excursions or functions.
12. The Principal, or delegate/nominee, has authority to apply whatever disciplinary measures are appropriate or necessary in relation to the conduct of my/our son/daughter, both inside the school and at outside school related events. This includes behaviour whether inside or outside the school that might bring the good name of the school 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 school to contact State Authorities in cases of suspected harm or sexual abuse to students.
13. The school does not insure my/our son's/daughter's personal property of any description. (e.g. mobile phones, computers etc).
14. I/we will use my/our best endeavours to ensure the student will not be absent from or late to school without leave of absence, and that term dates as advertised will be adhered to.
15. Students absent without leave being granted may forfeit credit for assessments missed during their absence.

***This contract will be binding and remain in force for the duration of my/our son's/daughter's enrolment at the College. It will remain binding for matters relating to the collection of outstanding fees and the collection of school owned resources beyond the term of enrolment.***

## Consents

### Excursion, Camps, Functions: There are two categories of such events.

- **Category A** activities are curricular or co-curricular activities that are of short duration within a single school day.
  - **Category B** activities are curricular or co-curricular activities that extended activities over more than one day such as camps, tours, carnivals or any other activity that may have a higher than average inherent risk factor attached.
1. Provided we are informed in writing of a proposed **Category A** curricular or co-curricular activities conducted with the approval of the Principal (including day excursions and functions), I/we consent to the student participating in such activities. If he/she is unable to participate for any reason, I/we will contact the school.
  2. In addition to the above, I/we consent to the student travelling with appropriate supervision on school and/or public transport to participate in all regular **Category A** activities e.g. curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, short excursions and functions.
  3. I/we accept that this consent lasts for the period the student is at the school and that, apart from being given notice of the activity, no further consent may be sought for **Category A** activities.
  4. For **Category B** activities, I/we can expect to be informed by the College *in writing* to seek specific consent for such activities and that our response will be required *in writing*. Should the response not be received by the closing date nominated in the original communication, then our child will not be permitted to attend the activity.

### Student Privacy

5. I/we authorise my child's school to take (or authorise others to take) and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness, either in full or part, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion, media publicity, publication, the school web page, display of my child's school and/or for any other Edmund Rice Education Australia or Queensland Catholic Education Commission purpose in whole or in part. I/we understand that a consent form is not required for and does not apply to class photos and school team photos which may be used in the school magazine and that any objection I/we have to these internal publications must be specifically made to the school. I/we understand that I/we or my child does not have any interest in the copyright to the material nor shall we receive any payment.
6. I/we consent to the school sharing my/our personal information (limited to name, address, telephone numbers, occupation) to its associated supporting groups (e.g. Parents & Friends Association, sporting and cultural support groups), and my son's/daughter's details to the College's Past Students' Association when he/she leaves the school, if applicable.
7. I understand that in the event of a referral for personal counselling at the College, efforts are routinely made to inform parents that the child has been referred. The student may also refer themselves without first consulting a parent. There are also circumstances in which a counsellor will honour a student's request that they refrain from contacting a parent to advise of any referral or engagement. In all instances, College counsellors are obliged to inform parents or relevant authorities if a student appears to be at significant risk of harm to self or others.
8. I/we have made **full disclosure** of all information requested by the school in the Application for Enrolment Form and am/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>	
Mother/Guardian/Carer <i>Signature</i>	Date ...../...../.....
Father/Guardian/Carer <i>Please print in full</i>	
Father/Guardian/Carer <i>Signature</i>	Date ...../...../.....
Student <i>(only if independent)</i>	
Student <i>Signature</i>	Date ...../...../.....
Principal <i>Signature</i>	

**Student Management Policies including Drug Policy**

St James College is committed to providing an environment which maximises educational opportunities and outcomes for all within the context of Gospel values and the ethos of Edmund Rice Education Australia. It is expected that parents and students will support behaviours that are socially responsible in respect of College rules, behaviour codes, policies and the law as detailed in the current Student Diary.

In addition, all students enrolling at this College are required, by the following written agreement, to comply with the College's policy of prohibition in respect to illegal drugs and other prohibited substances within the College context and to accept the actions and consequences which will follow as a result of a breach of that policy.

**Edmund Rice Education Australia****St James College****Use of Illegal Drugs and Other Prohibited Substances by Students**

1. A student at school, in the vicinity of the school, travelling to and from school or a school event, in College uniform, or at College events, or events related to or interpreted as being under the control of St James College, shall not:
  - a) knowingly have in their possession an illicit drug or prohibited substance; or
  - b) supply to another person and/or administer to himself/herself, or permit another person to administer/supply to himself/herself, an illicit drug, or prohibited substance; or
  - c) have in their possession any piece of equipment for use in connection with the manufacture, smoking, consumption or administration of an illicit drug.
2. In the event that a student breaches this prohibition, the College Drug Policy Procedures and response will be followed.

# STUDENT AND PARENT LAPTOP COMPUTER GUIDELINES

## 1. Education Purposes

- a. Students are to use their laptop computer only for educational purposes.
- b. The laptop computer comes pre-installed with all the necessary software for student use. Only authorised software is to be stored on the laptop computer.
- c. The College reserves the right to carry out software, hardware and data inspections of laptop computers at anytime.

## 2. Student Responsibilities

- a. Laptops are to be kept clean and free from graffiti and stickers.
- b. It is the student's responsibility to charge their laptop computer at home each evening. A limited number of spare batteries and charging facilities will be available
- c. Students are not to remove any identification labels from their laptop computer.
- d. While travelling to and from school laptop computers are to be carried in the protective case provided and placed in school bags.
- e. Laptop computers are not to be taken out of school bags and used during recess and lunch and should be in their protective case inside the student's bag or locker.
- f. The software loaded on the laptop computers is licensed to the College. Students are not permitted to copy, transfer or delete software.

## 3. Parent Responsibilities

- a. Ensure students fulfil their responsibilities as outlined above.
- b. Supervise student use of the computer when at home including their Internet use.
- c. Ensure the student has their computer at school each day in a condition that will enable it to be usable for any educational purpose.
- d. Comply with the policy of the school in relation to the return/transfer of the device in the event of the student leaving the school prior to the end of Year 12.

## 4. Data Backup and Software Upgrading

- a. Students are responsible for the backup of all data as recommended by the College.
- b. Students are responsible to ensure that all software is kept up to date. (eg. Operating System and installed Anti-Virus Software).

## 5. Technical Support

- a. Students will be given full local administrator rights of their laptop computer.
- b. Students will be trained on how to support and maintain their laptop computer.
- c. In the event of a software malfunction students may contact the College ICT Department for assistance.
- d. Students are required to keep their laptop with latest Microsoft and Anti-Virus updates.

## 6. Use of the College Wireless Network and Internet Access

- a. The use of the College Wireless Network and all associated infrastructure are available for educational use with student laptop computers.
- b. The downloading of large files is not permitted due to bandwidth restrictions.
- c. Students are not to remove the virus software provided and replace it with another type of virus software.
- d. Specific network settings are not to be removed or altered as this could affect the laptop computer's ability to connect to the College Wireless Network.

**7. Warranty, Insurance, Loss, Theft or Damage**

- a. All instances of loss, damage or theft must be reported to the College ICT Support personnel as soon as possible.
- b. Student laptop computers are covered by a three-year warranty with Accidental Damage Protection. This warranty does not cover theft and/or fire damage.
- c. If there is any damage to the laptop and /or case, or if the laptop and/or case is lost or stolen, and this damage or loss is due to wilful, deliberate or negligent actions, (apart from fair wear and tear), you agree to make good the damage or loss or compensate the College for the cost of repair and/or restitution.
- d. Should the student’s enrolment at the College cease, the laptop and case must be returned to the College in good order and condition, (allowing for fair wear and tear).
- e. In the event of a hardware malfunction a report must be made to ICLT Services as soon as possible for warranty repair to be organised.

**8. Assessment and Homework**

- a. Students are encouraged to use their laptop computer for homework and assessment tasks. However, the loss of data or hardware malfunction cannot be grounds for the appeal of any assessment task or homework.

**9. Classroom Usage**

- a. Student laptop computers are to be brought to school each day, however the classroom teacher will manage the use of the laptop computers in the classroom.
- b. No student is to take out or use a laptop computer without the permission of the classroom teacher.
- c. When in use, the laptop should be placed on a table or desk, not on laps. The laptop should not be carried around whilst the screen is open.

**10. Ownership**

- a. Students have use of the laptop computer whilst they are enrolled at the College. If students leave the College before the completion of Year 12 the laptop (including the case) must be returned to the College. Students who complete Year 12 at the college will have the laptop signed over to them if the laptop and SD Card are over 3.5 years in age.

By signing this form, I agree to the *Student and Parent Laptop Computer Guidelines* and the *Acceptable Information Technology Use Policy* in the Student Diary.

Student’s Year Level \_\_\_\_\_

Student’s Homeroom \_\_\_\_\_

\_\_\_\_\_  
Student’s Name (Please Print)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Parent/Guardian’s Name (Please Print)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date