

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Please read carefully to ensure all information has been supplied, signed and returned to FCJ College PO Box 123 Benalla VIC 3672. This application cannot be fully processed until all areas of the document are addressed. Some of the information collected is required by the Catholic Education Office for survey statistics and future planning.

Enrolment Application is for: Existing Family New Family
 Application for entry into Year Level: 7 8 9 10 11 12 (please circle)
 Year of Entry:

Please ensure you returned: Completed and signed Enrolment Agreement, Photocopy of Birth Certificate and Photocopy of Baptism Certificate

Student Information

Student Surname: Given Names:.....
 Preferred name: Date of Birth: Sex: Male | Female
 Postal address:.....
Postcode:
 Street address:
Postcode:
 Telephone AH: Student Mobile:.....
 Family email address (preferred email for correspondence):
 Order in the Family (eg. 2nd of 4 children).....
 Name(s) of other family members currently or previously at either College:

Student lives with both parents father only mother only

If student does not live with both parents, who is the immediate point of contact?

Dual Living Arrangements: Where student lives with both parents, both parents will be regarded by the College as 'residential parents'. If applicable, please indicate percentage of dual living arrangements: ie 50 | 50

Court Orders: Are there any Court Orders | Parenting Agreements relating to the powers and responsibilities of the parents in relation to the child or access to the child? **YES / NO** If yes, copy supplied?
YES / NO

Parent Access Module (PAM) including Student Reports: Parent Access Module is a web-based module in use at FCJ College that allows parents and guardians to access student's latest results and marks, courses (including homework and assessment tasks), attendance, timetables and school reports. Both parents have a right to access their child's reports unless there are court orders stating contrary access arrangements. *Please confirm FCJ College Parent Access Module (PAM) access below as applicable: (please circle below)*

Residential Parent | s (listed as Student Contact 1) **YES / NO**

Residential Parent | Guardian or Non Residential Parent (listed as Student Contact 2) **YES / NO**

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Student Contact 1:

Residential Parents/Guardians (Parent 1) Spouse of Parent 1

Parent Guardian (please circle)	Parent Guardian (please circle)
Married Status: <input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single	Married Status: <input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single
Title:..... Surname:	Title:..... Surname:
Former Maiden Name:.....	Former Maiden Name:.....
Given name:	Given name:
Preferred name:	Preferred name:
Relationship to student:	Relationship to student:
Country of birth:	Country of birth:
Nationality:	Nationality:
Date of birth:.....	Date of birth:.....
Home Email:.....	Home Email:.....
Home Phone:	Home Phone:
Mobile:.....	Mobile:.....
Occupation:.....	Occupation:.....
Employer:	Employer:
Work Phone:	Work Phone:
Occupational Group:	Occupational Group:
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Health Care Card number:	Health Care Card number:
Is the family eligible for CSEF allowance? YES / NO	Is the family eligible for CSEF allowance? YES / NO
Parish Church:.....	Parish Church:.....
Religion:	Religion:
Do you speak a language other than English at home?	Do you speak a language other than English at home?
No - English only Yes:	No - English only Yes:
Highest level of secondary education or equivalent?	Highest level of secondary education or equivalent?
<input type="radio"/> Year 9 or below <input type="radio"/> Year 10	<input type="radio"/> Year 9 or below <input type="radio"/> Year 10
<input type="radio"/> Year 11 <input type="radio"/> Year 12	<input type="radio"/> Year 11 <input type="radio"/> Year 12
Highest level of qualification?	Highest level of qualification?
<input type="radio"/> Bachelor degree or above <input type="radio"/> Advanced Diploma	<input type="radio"/> Bachelor degree or above <input type="radio"/> Advanced Diploma
<input type="radio"/> Certificate <input type="radio"/> Trade	<input type="radio"/> Certificate <input type="radio"/> Trade
<input type="radio"/> No non-school qualification	<input type="radio"/> No non-school qualification

Student Contact 2: Other Residential or Non – residential Parent

Surname.....	Given Name.....
Married Status: <input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single	Relationship to student:
Country of birth:	Nationality:
Date of birth:.....	Home Email:.....
Home Phone:	Mobile:.....
Occupation:.....	Employer:
Work Phone:	Occupational Group:
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Health Care Card number:	Is the family eligible for CSEF allowance? YES / NO
Do you speak a language other than English at home?	No - English only Yes:
Highest level of secondary education or equivalent?	
<input type="radio"/> Year 9 or below <input type="radio"/> Year 10	<input type="radio"/> Year 11 <input type="radio"/> Year 12
Highest level of qualification?	
<input type="radio"/> Bachelor degree or above	<input type="radio"/> Certificate
<input type="radio"/> Certificate	<input type="radio"/> Advanced Diploma
<input type="radio"/> Advanced Diploma	<input type="radio"/> Trade
<input type="radio"/> Trade	<input type="radio"/> No non-school qualification
<input type="radio"/> No non-school qualification	

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Student Educational Details

Name of current school:

<input type="radio"/> Catholic	<input type="radio"/> Government	<input type="radio"/> Independent
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Date of enrolment at current school: Current year level:

Address of school:

Proposed starting date:

Has the student previously been enrolled in a Victorian school? **YES / NO** (please circle)

Do you give permission for your current school to forward any relevant information about the student? **YES / NO**

Does the student access any learning support (for example the support of an Integration Aide)? **YES / NO**

Do you have any concerns about your child’s learning in any particular areas? **YES / NO**

Details:.....

.....

Will the student require Learning Support? **YES / NO**

Is there any other information about the student’s learning and care that should be taken into account in our planning for his | her enrolment? Please attach any relevant information and / or previous testing and professional reports. **Details:**

.....

.....

Has the student previously been enrolled in the Victorian Certificate of Education? **YES / NO**

If yes, please supply Victorian Student number (VSN):.....

Religious Background

Student’s religion:

Parish | Church:

Baptism date: Eucharist date: Confirmation date:

Baptism Certificate supplied: **YES / NO**

Nationality

Country of birth: Nationality:

Australian Citizen? **YES / NO** Is the student on a VISA? **YES / NO**

If Yes, VISA type:VISA number: (copy must be attached)

If born overseas, what year did the student start school in Australia?

Does the student speak a language other than English at home? **YES / NO** If yes, please specify:

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Is the student of Aboriginal or Torres Strait Islander origin?

<input type="radio"/> No	<input type="radio"/> Yes – Aboriginal	<input type="radio"/> Yes – Torres Strait	<input type="radio"/> Both
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Refugee Status: **YES / NO**

Reasons for applying:

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Medical Information

Doctors Name..... Doctors Phone Number.....

Summary of Medical Conditions

Asthma YES / NO

Allergies YES / NO (Please specify type and treatment required)

Other Medical Conditions

A comprehensive Student Medical Information Form will be forwarded for completion upon enrolment acceptance

Emergency Contact (Other than a Parent/Guardian)

Please give the name and number of a person who will act as a contact should your child become ill at school

Emergency Contact 1: Relationship to student:

Phone: BH: AH:

Mobile:

Emergency Contact 2: Relationship to student:

Phone: BH: AH:

Mobile:

CONSENT TO MEDICAL TREATMENT

In the event of an accident or illness, I | we authorise the person in charge to consent, where it is impractical to communicate with me | us, to the student named on this form receiving such medical or surgical treatment as may be deemed necessary.

** Refer to back page for signature*

Notification of change to student circumstances

Should there be any changes student’s circumstances in the previous sections regarding living arrangements, contact details, emergency contacts and medical information, we undertake to alert the College as soon as reasonably possible.

Wellbeing Services

Is your child accessing any specialist support services? (ie. NECAMHS, Paediatrician, Psychologist, GP.)

1.....
2.....
3.....

CONSENT TO WELLBEING SERVICES

I | we hereby give consent for the student named on this form to access the services of the Wellbeing Team at any point during their schooling. Such services include assessment, support, intervention, counselling, advocacy and case management. If your child accesses any of these services a parent | guardian will be notified.

**Refer to back page for signature*

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Local Excursion Information Notice

As part of the Learning and Teaching programs at FCJ College Benalla, students will be required to undertake off-campus excursions to venues in the local Benalla area. In most subject areas off-campus activities will be irregular, however, physical education classes will be off-campus on a more regular basis. Parents will receive detailed information about the Local Excursion. Students will walk or travel by bus to the venues. On some occasions small groups will travel by car with staff members. Students will be supervised by staff at the venues and whilst travelling to and from the venues. Qualified supervision, appropriate to the activity being undertaken, will be provided at all venues and staff will have access to relevant medical information should first aid or medical attention be required. Please note that separate permission will be required from parents | guardians in situations where senior students wish to travel unsupervised (walk, bicycle or motor vehicle) to excursion venues. It is important to note that all local off-campus excursions are assessed against the College's Excursion Policy. (A separate information letter and permission note will be provided for activities that are assessed to carry a higher degree of risk or are more than a couple of hours in duration.)

Code of Behaviour for School Excursions

To ensure the success of excursions the following points must be observed:

1. Courtesy, consideration, maturity and cooperation must be displayed at all times.
2. Respect must be displayed to teachers and all members of the public.
3. Students must conduct themselves in a safe manner and adhere to instructions at all times.
4. Smoking, possession of cigarettes, drinking, possession of alcoholic drink and illicit drugs are prohibited at all times.
5. Schedule times must be strictly observed.
6. The teacher in charge, in consultation with the Deputy Principal, will determine clothing to be worn.
7. Preparation, organisation and contact of excursions require a great deal of work by staff. It is essential that all students cooperate and assist staff.

NOTE: Any serious breach of the above points may mean that a student is returned home at the parents' expense. Parents may be requested to pick the student up from the venue and the student is excluded from future excursions.

CONSENT FOR LOCAL EXCURSIONS

I |

We hereby give consent for the student named on this form to attend local, off campus excursions as outlined in the attached information notice. Where parent | guardian is unable to be contacted or it is otherwise impracticable to be contacted, I | we authorise the staff member in charge of the excursion to:

- *consent to the student named on this form receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;*
- *administer or consent to such first aid as the teacher in charge of the excursion may consider necessary in the event of any illness or accident.*
- *I | We accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required. I | We are aware of the College's code of conduct for behaviour on excursions and accept that my | our child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any associated cost will be met by me | us.*

**Refer to back page for signature consent*

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Image Consent

Photograph | Video Consent

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for school publications, such as the newsletter, website and social media, or to promote the school in newspapers and other media.

The Sandhurst Diocese, Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use photographs | videos in print and online promotional, marketing, media and educational materials.

Thank you for your continued support.

IMAGE CONSENT

Student Name..... Year Level.....

I give permission for my child's photograph/video to be published in:

- *School Newsletters*
- *School Website*
- *Social Media*
- *Promotional Materials*
- *Newspapers and other media*

I authorise CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV's promotional, marketing, media and educational purposes.

I give permission for a photograph/video of my child to be used by the CEOM/CECV in the agreed publications without acknowledgement, remuneration or compensation.

I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

**Refer to back page for signature consent*

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth)

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Privacy Protocols

<p>1. The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son/daughter.</p> <p>2. Some information collected is to satisfy legal obligations, particularly to enable the College to discharge its duty of care.</p> <p>3. Certain laws governing or relating to the operation of schools require particular information to be collected. These include Public Health [and Child Protection] laws.</p> <p>4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.</p> <p>5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, (Catholic Education Office, the Catholic Education Commission, your local diocese and the parish) medical practitioners, and people providing services to the College, including specialist visiting teachers, (sports) coaches and volunteers.</p> <p>6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.</p>	<p>7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievement, pupil activities and other news is published in College newsletters, magazines, other College publications and on our website.</p> <p>8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College duty of care to the pupil, or where pupils have provided information in confidence.</p> <p>9. As you may know the College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organizations that assist in the college fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.</p> <p>10. We may include your contact details in the College's internal directories which is used for internal purposes only.</p> <p>11. If you provide the College with the personal information of others, such as doctors or emergency contacts, we would encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish and that the College does not usually disclose the information to third parties.</p>
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PRIVACY PROTOCOLS

I | We have read the Privacy Protocols and are aware of how information about the student named on this form may be used by the College.

**Refer to back page for signature consent*

FCJ COLLEGE BENALLA ENROLMENT AGREEMENT

Family Pledge and Acknowledgement

Financial Commitment

As the parent(s) | guardian(s) signing this enrolment application, it is important that you are aware you are entering into a legal contract and are therefore legally bound to pay all fees and charges for the enrolled child. Where circumstances dictate that full payment is not possible, the obligation remains on the parent(s) | guardian(s) to discuss this with the Principal at the time of enrolment. Subsequent to enrolment, a change in circumstances does not absolve the signatory(s) from their obligation for payment. Any change impacting the financial commitment of the signatory(s), should be communicated to the Principal or Business Manager as soon as possible.

In making application for my | our child to be enrolled, I | we undertake to pay the fees charged by FCJ College Benalla. I | we agree to any charges incurred to recover overdue fees being charged to my | our account.

Parent | Guardian signature:Parent | Guardian signature:

Print name:Print name:

Date:Date:.....

Parent / Guardian / Student Acknowledgement

By enrolling, we agree to participate in all school activities: Religious Education classes, Liturgies and Masses, Seminar Days and Year Level Camps and Retreats. As members of the FCJ College community we acknowledge responsibility for our conduct, learning and relationships with others. We will adhere and abide to all school policies and rules such as the uniform and personal grooming standards. We have read, understand and accept the rights, responsibilities and expectations of students, parents and staff outlined in the Wellbeing Policy, and support the College in the fulfilment of its mission. In making this application to FCJ College we acknowledge and accept the responsibility to uphold the Catholic ideals and abide by all College rules and policies.

PARENT / STUDENT / GUARDIAN CONSENT

By undersigning this Enrolment Agreement Form, we have read and fully understand the preceding sections and consent to:

- Medical Treatment / First Aid
- Wellbeing Services
- Local Excursions
- Photograph/Video/Social Media
- Information Collection
- Notification of change in student circumstances
- Privacy Protocols

Parent | Guardian signature: Parent | Guardian signature:.....

Print name:Print name:

Date:Date:

Student signature:Print name:

Date:

OFFICE USE ONLY

Received:..... Entered:..... Class:.....

<input type="radio"/> Birth Certificate	<input type="radio"/> Baptism Certificate (if applicable)	<input type="radio"/> VISA (if applicable)
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