

ST BRENDAN'S COLLEGE
MORE THAN AN EDUCATION
Opportunity ■ Pathways ■ Brotherhood ■ Belonging

Trustees of Edmund Rice Education Australia
Trading as St Brendan's College
CRICOS Provider Number: 03745A
RTO Number: 30349



St Brendan's College

International Student

Enrolment

Application

139 Adelaide Park Road, Yeppoon QLD 4703 ☎ 07 49399300 ✉ administration@sbc.qld.edu.au 🌐 www.stbrendans.qld.edu.au

YEAR 7 TO 12 | CATHOLIC | DAY & BOARDING

SCHOOL FOR BOYS IN THE EDMUND RICE TRADITION

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ST BRENDAN'S COLLEGE

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CRICOS Provider No. 03745A

For office use only
Date Recd
Payment Recd (Date)
C/Card Yes/No
Cash Yes/No
Direct Debit Yes/No

APPLICATION FOR INTERNATIONAL STUDENT ENROLMENT

THIS IS AN APPLICATION FORM – SUBMISSION OF THIS FORM DOES NOT ENSURE ENROLMENT

- The Australian Government requires each school to collect mandatory data as part of its funding agreement. These mandatory data areas are collected through questions marked with an *
- In accordance with Edmund Rice Education Australia Privacy Policy, the primary purpose of this information is for use in the enrolment process at this school for your son. In addition, if the enrolment is successful, the information may be disclosed to others for the purpose of the student's education and wellbeing. The information is kept for the period of time necessary for this purpose. All such information is securely stored. Failure to disclose the requested information will affect your initial/ongoing enrolment. For further information about our Privacy Policy, please contact St Brendan's College.
- Full and frank disclosure of requested information is required.
- Failure to disclose all relevant and correct information could result in the cancellation of enrolment.
- A non-refundable application fee of \$100 is to accompany the application.

Student Name: _____

Year of Entry: _____

Year Level in which the student is enrolling:

Secondary 7 8 9 10 11 12

Status: Day Student Full Time Boarder Weekly Boarder

SECTION 1

STUDENT DETAILS

Student's Legal Name:	
Surname	First and middle names
Preferred First Name:	Date of Birth: / /
<i>(Not nickname as this will go on school reports)</i>	
Postal Address:	Post Code:
Residential Address: <i>(If different from above)</i>	Post Code:
Religion:	Parish:
Sacraments: Baptism Reconciliation Eucharist Confirmation	

Is the Student in the care of the State? NO YES If YES – please attach supporting legal documents.

STUDENT BACKGROUND INFORMATION

*** What is the student's residency status?**

Australian Citizen
 Permanent Resident
 Temporary Visa Holder

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

Passport Number _____

*** 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: ____ / ____ / ____

*** Student's first language** (What was the language/s used most by the student when he 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

If Yes:
 Name of School.....

State/TerritoryCurrent Year Level.....

*** Student's Indigenous status** Is the student of Aboriginal or Torres Strait Islander origin?

No
 Yes, Aboriginal

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

PREVIOUS EDUCATION DETAILS

Student's previous education details – including Primary and other Secondary Schooling

(Attach an additional sheet if necessary)

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

Please forward copies of previous year's school reports



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 or exclusion.

SPECIAL FAMILY CIRCUMSTANCES

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

.....

.....

Student Resides with:

.....

Do supporting legal documents exist (e.g. Family Court Orders, Access Restrictions, Parenting Plans)?

Yes No

Documents are 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 a student who has an older sibling or had an older sibling at the College.

Brother's/Sister's Given names	Surname	Years Attended	House or Home group <i>(If applicable)</i>	Year Level
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Is the applicant a son of a past student of St Brendan's College?

Yes No

Years father attended _____

SECTION 2

STUDENT MEDICAL INFORMATION

This is to be completed by parent or guardian.

Day Student (Complete Medical Sections 1 – 3, Medical Section 4 Optional)

Boarder (Complete All Sections)

A copy of the students current Australian Medical Insurance Policy must be attached to this application.



MEDICAL SECTION 1 - STUDENT DETAILS

Student's Surname: _____ Christian Names: _____

Preferred Name: _____ Date of Birth: ___/___/___

Student lives with: Both Parents Mother Father Guardian

Person to contact regarding medical concerns: _____

Parent Details:

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Mobile No: _____ Mobile No: _____

Business Phone: _____ Business Phone: _____

Email: _____ Email: _____

Emergency Contacts (If parent cannot be contacted):

1. Name: _____ Relationship to boy: _____

Home Phone: _____ Mobile: _____

2. Name: _____ Relationship to boy: _____

Home Phone: _____ Mobile: _____

Medicare- Boarding students must have their own Medicare card before commencement at the College.

Medicare No: _____ Number on Card: _____ Expiry Date: ___/___

(If Medicare number is not provided you will be charged for doctor visits and full pharmacy costs)

Health Care Card/Pension No: _____ Expiry Date: ___/___

Private Health Cover Fund: _____ Number: _____ Expiry Date: ___/___

MEDICAL SECTION 2 – MEDICAL HISTORY

Students Name: _____

Please circle the appropriate condition and tick the appropriate box.

Has your son ever suffered from any of the following conditions? If you answer yes please provide details.

Conditions	Yes	No	Details- Please include regular medication and management plans
Allergies /Adverse Reactions (<i>food ,animals/insects, medication, drugs</i>)			Must complete the enclosed Allergic Reaction Management Plan on Page 9
Anaphylaxis			Please provide an Anaphylaxis management Plan from your doctor
Asthma or Respiratory Condition			Please complete the enclosed Asthma Management Plan on Page 9
Behavioural - <i>ACHD, OCD, ADD, ADHD etc.</i>			
Congenital Condition			
Cardiac Condition - <i>heart disease, high blood pressure etc.</i>			
Diabetes - <i>Type & Management ie. Type 1, Type 2, Pump</i>			Please provide a Diabetes Management Plan from your Diabetes Educator or Doctor
Diagnosed Disabilities - <i>Physical Impairment, Intellectual Impairment, Autistic Spectrum Disorder, Speech/Language Impairment, Vision impairment, Hearing Impairment, Social Emotional Disorder, Dyslexia</i>			Please include a copy of diagnosis and complete page 10, also attach any relevant information
Ear, Nose and Throat conditions - <i>hearing difficulties, epistaxis, tonsillitis etc.</i>			
Epilepsy			
Eye Conditions - <i>colour blindness, glasses, blindness, surgery etc.</i>			
Hay Fever			
Headaches/Migraines			
Malaria			
Muscular/Skeletal - <i>back, knee, hip, leg, shoulder, arm, wrist, joint pain etc.</i>			
Previous Surgery - <i>Appendix, hernia etc.</i>			
Psychological Condition - <i>anxiety, depression, phobias, fears etc.</i>			Please provide evidence of diagnosed condition
Renal Condition - <i>bed wetting etc.</i>			
Skin Condition			
Special Dietary Requirements			
Travel Sickness			
Medications - Other medication if needed			
Other Medical Conditions -			

Please attach all relevant information as requested in the details column for any condition where YES has been ticked.



Immunisation History

A copy of your child's up-to-date Immunisation Record must accompany this application. Details can be obtained from your Child Health Record Book, General Practitioner and by contacting the Australian Childhood Immunisation Register on 1800 653 809 or VIVAS.

Date of Last Tetanus Booster- _____

MEDICAL SECTION 3 -CONSENT

Medication

Students are not permitted to have medication on their person and in the case of a boarder in their residence. It is requested that boarding students leave their medication at the Health Centre with written instructions from their medical practitioner enabling the Health Staff on duty to administer it accordingly.

Consent for the Administration of Medication by staff:

In the event of your son requiring doctor prescribed medication, or requiring medication for minor ailments, please indicate your consent for the following:

Medication as prescribed by a doctor (eg. Antibiotics)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please tick)
Minor Analgesics (eg Panadol/Nurofen)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please tick)
Antihistamines (eg Telfast/Claratyne)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please tick)
Decongestants and Cold Remedies	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please tick)

Dental Care

If any dental care is required by boarding students during the College term parents will be contacted prior to appointments being made.

Other Medical Attention

In the event of my son requiring suturing, hospitalization, blood tests, x-rays, or to have surgery, Health Centre Staff will endeavour to make contact prior to any of these procedures being performed. However, if contact cannot be made within a reasonable time, the required action will be taken and I/we will be notified as soon as practicable. I understand that any costs incurred will be at my own expense.

Emergency

In case of emergency, I grant the Staff Member in Charge, authority to seek any necessary medical assistance. I also permit any emergency surgical, operative and medical treatment be carried out and authorise a general anaesthetic if it is advisable and necessary after consulting the appropriate medical authorities. I give permission to the staff member in charge to administer the supplied emergency medication if my child is unable to self-administer supplied medication. The College will not be responsible for any act or omission of any external medical practitioner or officer treating my/our son. I/we also understand that the College respects the Australian Privacy Principles and Australian Government guidelines in relation to the access of health information.

Parent/Guardian Consent

I understand that the Health Centre is a facility for Boarders use only and that parents of Day Students will need to make arrangements for their son to be collected in the case of illness. The only exceptions will be if a Day Student has a current medical management plan in place (eg. Asthma Plan or regular medication) or if they are involved in an accident/emergency situation occurring on College property that requires immediate medical treatment.

Name of Student _____

Name (Parent/Guardian) _____

Signature _____ Date _____

MEDICAL SECTION 4 – MEDICAL EXAMINATION

(Compulsory for Boarders, Recommended for Day Students)

If your son is a **NEW** student at St Brendan’s College, this section is to be completed by the **FAMILY DOCTOR, not by yourself.**

Student Name: _____

Weight: _____ **Height:** _____

	Yes	No	
Allergies			Reaction-
Anaphylaxis			Please provide Anaphylaxis Management Plan
Asthma-peak flow baseline Pre: Post:			Please provide Asthma Management Plan
Cardiac Conditions eg. <i>Murmurs, Rheumatic Heart Disease</i>			Blood Pressure: Pulse Rate:
Chronic Conditions eg <i>Diabetes, Epilepsy</i>			
Ear /Nose/Throat Complaint			
Migraine/Headaches			
Glasses/Lenses			
Hearing			
Hernia			
Immunological Disorders eg. <i>Leukemia, Cancer</i>			
Mental Health Issues eg. <i>Depression, Anxiety</i>			
Muscular/Skeletal Defects <i>(inc. flat feet)</i>			
Previous Operations			
Respiratory Complaint			
Scoliosis			
Skin Complaint- eg. <i>Acne</i>			
Urinalysis			Albumen: Sugar:
Visual Acuity			Right Eye: Left Eye:
Other Medical Issues			
	Normal	Abnormal	
Reflexes			
Testes			

Comments on general health or any other finding

Recommendations re participation in Contact Sports

Doctor’s Signature: _____ Date: _____

Doctor’s Name: _____

Address: _____

Phone Number: _____

ASTHMA MANAGEMENT PLAN

Name of Student _____ Date of Birth _____

Regular Medication _____

Quantities and Daily Dosages _____

Additional Medication in case of an attack _____

List known trigger factors _____

Peak Flow Readings _____ Expected Best _____ Requiring Extra Medication _____

Requiring Medical Assistance _____

Other _____

ALLERGIC REACTION MANAGEMENT PLAN

Name of Student _____ Date of Birth _____

Allergy _____

Signs and Symptoms of Reaction _____

What medication does the student take (if any) for prevention of allergic reaction? _____

What treatment is followed for the student if an allergic reaction occurs? _____

Does your son carry an Epi-pen? Yes No

Has the student at any time in the past suffered from:	Yes	No
A localized reaction (any rash/itching/swelling)?		
A systemic reaction (any rash/itching/swelling)?		
An anaphylactic reaction (severe breathing problems, swelling of the body, emergency situation)?		
1. Does the participant suffer a systemic/anaphylactic reaction to allergy?		
2. Is there a family history of anaphylaxis?		
3. Has the participant been admitted to hospital for an allergic reaction?		
4. Does the participant take adrenaline (Epi-pen) when suffering from an allergic reaction?		

If **YES** was the answer to any of questions 1-4 above, the participant's Medical Practitioner must be consulted and documentation from the Medical Practitioner on the participant's allergy management and emergency routine provided. Participation in the program depends on full agreement by the Medical Practitioner, College and Parent/Guardian.

SPECIALIST ASSESSMENT

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

Service	Yes/No	Name of Centre / Practitioner	Report Attached Yes/No	Date of Most Recent Visit	Is Your Child Attending Now?
Child Guidance					
Speech Pathologist					
Occupational Therapist					
Physiotherapist					
Psychiatrist					
Psychologist					
Specialist Clinic					
Audiology Clinic					
Learning Support Teacher					
Paediatrician					
Optometrist					
State Education Guidance					
Other					

EDUCATION ADJUSTMENT PROGRAM INFORMATION

Has the student been ascertained or has a diagnosis been verified through profiling of an Education Adjustment Program (EAP). No Yes If Yes, please indicate below the student's current ascertainment / verified diagnosis.

Category	Tick	Level (if applicable)
Intellectual Impairment	<input type="checkbox"/>	
Speech Language Impairment	<input type="checkbox"/>	
Autistic Spectrum Disorder	<input type="checkbox"/>	
Social Emotional Disorder	<input type="checkbox"/>	
Hearing Impairment	<input type="checkbox"/>	
Vision Impairment	<input type="checkbox"/>	
Physical Impairment	<input type="checkbox"/>	

Please attach copies of any reports relevant to Specialist and EAP assessments. These include acknowledgement of Verification, Student Details Report/Aims, EAP profile, IEP or ISP and Guidance Reports if applicable and permission to release information from previous school.



ADDITIONAL INFORMATION

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

SECTION 3

PARENT / GUARDIAN / CARER INFORMATION

[PLEASE NOTE: There are six parts to this section – please read carefully before completing either PART A or PART E.]

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:	Parish:
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"/> <i>Please specify:</i>	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"/> <i>Please specify:</i>
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:
Birth Country:	Birth Country:
Country of Citizenship:	Country of Citizenship:
Main Language Spoken at Home:	Main Language Spoken at Home:

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 st				
2 nd				
3 rd				

PART C

PARENT / GUARDIAN BACKGROUND INFORMATION

As required under the Australian Government Schools Assistance Act 2004

*** Parent/Guardian 1 language background Parent/Guardian 2 language background**

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

No, English Only
 Yes, Other – please specify

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

No, English Only
 Yes, Other – please specify

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

Mark one box only in each column

(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

Year 9 or equivalent or below
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

What is the highest year of primary or secondary school parent/guardian 2 has completed

Mark one box only in each column

Year 9 or equivalent or below
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

*** What is the highest qualification the parent/guardian 1 has completed** Mark one box only in each column

No non-school qualification*
 Certificate I - IV (including trade)
 Advanced Diploma/Diploma
 Bachelor Degree or above

What is the highest qualification the parent/guardian 2 has completed Mark one box only in each column

No non-school qualification*
 Certificate I – IV (including trade)
 Advanced Diploma/Diploma
 Bachelor Degree or above

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

*** What is the occupation group of parent/guardian 1?**

What is the occupation group of parent/guardian 2?

To answer this question please refer to the List of Parental Occupation Groups on Page 13. 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)

(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 park attendant, crossing supervisor)

Defence Forces ranks below senior NCO not included Above

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

PART D**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 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:

PART E**PERSON TO RECEIVE ACCOUNTS**

Complete this section ONLY if account is to be sent to **only one** of the parents/guardians/carers listed in Part A of Section 3 OR a third party.

Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Rev <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Given Name/s:
Surname:
Postal Address:
City:
State: Post Code:
Relationship to Student:
I confirm that I am responsible for payment of this student's College fees and all associated costs.

Signature: _____

Is the applicant in receipt of:

- Youth Allowance Living Away from Home Allowance (LAFA)
Abstudy Isolated Children's Assistance (AIC)
Other

PART F

PERSON(S) TO RECEIVE SCHOOL REPORTS

(Complete this section ONLY if College reports are to be forwarded to a person other than both Parents/Guardians/Carers listed in PART A)

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:
City:	City:
State: Post Code:	State: Post Code:
Email Address:	Email Address:
Relationship to Student:	Relationship to Student:

Is there any other information you would like to mention to assist your application?

.....

Signature of Parent /Guardian

We would like the signature of one or both parents/guardians who would be signing the student's letters, forms or other consent documents. Endorsement of this application and subsequent of this enrolment form an agreement with the College and an undertaking of parents to pay all fees and charges for the student being accepted unless other arrangements have been made and confirmed in writing, with the principal.

Father: Mother: Guardian:
Date:

How did you hear about St Brendan's College?

- Old Boy
- Relative/Friend
- Website
- Social Media
- Search Engine (Google)
- Forum or Blog
- Advertisement
- Show/Field Day
- Other (please specify)

SECTION 4

ENROLMENT CONTRACT

STUDENT NAME:			
YEAR LEVEL		YEAR OF ENTRY	
DAY OR BOARDING			

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

_____ Mother/Guardian/Carer
(Please print full name)

_____ Father/Guardian/Carer
(Please print full name)

and St Brendan's College as represented by the Principal, further referred to as the College.

In the event that the College makes an offer of a place at the College 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.

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

1. I/we seek a Catholic education for our son and I/we support the Christian values of the College and the values of the *EREA Charter (2011)*, 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, he 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 will support the student in complying with the College Rules and Behaviour Management Policy/Procedure for the time being in force and that I/we will not hold the College liable for any loss or damage caused by a failure of the applicant to observe these rules and policies. I/we also understand that while a student of the College, the student is expected to act at all times in accordance with the values, rules and policies of the College, and that serious breach in this regard could lead to cancellation of enrolment. I/we accept that such College rules and policies may be altered or added to at any time. I/we accept that our son is admitted to the College on the condition that he 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 College expectations and policies.
3. I/we accept that during the time the student attends the College he 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.
4. I/we agree to work in partnership with the College in the holistic development of our son and in the promotion of the wellbeing of the College community.
5. I/we acknowledge the educational expertise of the College and will support its educational initiatives for my/our son.
6. If the student is to cease his enrolment, I/we will give written notice of the proposed change at the earliest opportunity.
7. Fees and levies will be paid at the time determined by the College and will remain payable during any period of absence of our child from the College unless otherwise agreed.

8. I/we acknowledge that, unless otherwise agreed in writing with the College, we as parents or guardians are jointly and individually liable for the payments of fees and levies. Should any fees or levies not be paid by the due date, then we agree to contact the College to discuss the issue and to agree on a future course of action regarding payment of fees. The College may take legal action to recover outstanding fees and levies. Failure to enter into a negotiated payment agreement with the Principal may result in cancellation of enrolment.
9. If the applicant is to leave the College, I/we will, where possible, give written notice:
 1. no later than the first day of Term at the end of which it is intended he is to leave; or
 2. if it is intended that he should leave during Term, not later than the first day of the preceding Term.
10. I/we will contact the College promptly if there is any change proposed concerning fee-paying arrangements or concern that I/we may not be able to pay the fees as contracted. I/we agree to make further arrangements acceptable to the college on how any resulting debt will be paid.
11. I/we consent to the student participating in all normal curricular, sporting and extra-curricular activities conducted with the approval of the College, such as work experience, College camps, excursions and function. In the case of boarders, I/we give permission for the student to travel with a staff member to medical and other appointments as deemed appropriate by the Assistant Principal Residential.
12. With reference to the above, or in the case of an emergency not covered by the above, I/we consent to the student travelling by College bus, or on any form of public or private transport, where such transport is deemed in the reasonable opinion of the College to be necessary or desirable.
13. This consent (refer paragraph 11) 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 College camps or is attending or participating in a work experience program including structured work placements, traineeships or apprenticeships, excursions or functions.
14. 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.
15. 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, both inside the College and at outside College related events. This includes behaviour whether inside or outside the College that might bring the good name of the College into disrepute and may include the decision to suspend/exclude/expel the student for any cause judged to be sufficient. The law and the Student Protection Policy require the College to contact State Authorities in cases of suspected harm or sexual abuse to students.
16. The College does not insure my/our son's property of any description. (e.g. mobile phones, computers etc).
17. This contract will be binding and remain in force for the duration of my/our son's enrolment at the College. It will remain binding for matters relating to the collection of outstanding fees and the collection of College owned resources beyond the term of enrolment.
18. 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.
19. Students absent without leave being granted may forfeit credit for assessments missed during their absence.

Consents

20. I/we consent to the student participating in all regular **Category A (short duration and day)** activities eg. Curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions. If he is unable to participate I/we will contact the school.
21. I/we consent to the student travelling on College and/or public transport to participate in all regular Category A (short duration and day) activities e.g. curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions.

22. 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.**

For extended activities/excursions (**Category B**) where, in the reasonable opinion of the teacher in charge, specific consent is required that additional specific consent will be sought from the parents/guardians.

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

- Overnight activities
- Activities involving long distance or extensive travel
- Activities which may have higher than average inherent risk, e.g. camps, shooting club, rodeo

23. I/we authorise my child's College 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 ("the material"), either in full or part including their full name, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion, media publicity including social media, publication, the College web page, display of my child's college and/or for any other Edmund Rice Education Australia or Queensland Catholic Education Commission purpose in whole or in part. I/we understand that this consent form is not required for and does not apply to class photos and College team photos which may be used in the College magazine and that any objection I/we have to these internal publications must be specifically made to the College. 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.

YES NO

24. I/we authorise my child's College to take and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness ("the material"), either in full or part including their full name, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion on the College web page, social media and/or for any other Edmund Rice Education Australia or Queensland Catholic Education Commission purpose in whole or in part.

YES NO

25. I/we consent to the College sharing my/our personal information (limited to name, address, telephone numbers, occupation) to its associated supporting groups (e.g. Parents & Friends' Association, Parents Network, Foundation and sporting and cultural support groups), and my son's details to the – Old Boys Network when he leaves the College, if applicable.

YES NO

26. I/we have made **full disclosure** of all information requested by the College in the Application for Enrolment Form and am/are aware of our **continuing obligations** to keep the college informed of any changes which may affect the applicant's wellbeing or progress at the college. Failure to disclose all information relevant to your sons' enrolment may result in your sons' application being reassessed.

Mother/Guardian/Carer
Please print in full

Signature

Date

Father/Guardian/Carer
Please print in full

Signature

Date

Student
(Only if an independent enrolment)
Please print in full

Signature

Date

Principal
Please print in full

Signature

Date

Parent/Guardian/Carers must attach to this application a copy of their driver's license, passport or other government issued identification that displays their picture and their signature. The application will not be processed without your signature/s above and proof of identity.



SECTION 5

STUDENT BEHAVIOUR POLICY & PROCEDURES AND ILLICIT USE OF DRUGS

Student Management Policies Including Illicit Use of Drugs

(This document will be filled out at the interview with Parent/Guardian and Applicant after explanation)

The 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 the College rules, behaviour codes, College policies, EREA Policies and the law.

In respect of the EREA Illicit Use of Drugs Policy.

All students enrolling at this College are required, by the following written agreement, to comply with the College's policy of prohibition in respect of 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.

Use of Illicit Drugs and Other Prohibited Substances by Students- EREA Policy 10

1. *A student at the College, in the vicinity of the College, travelling to and from the College or a College event, in College uniform, or at College events, or events related to, or interpreted as being under College control, shall not:*
 - a) *knowingly have in their possession a drug of dependence other than that for which they hold a current prescription prescribed by a registered medical practitioner or prohibited substance; and/or*
 - b) *supply, to another person, and/or administer to himself, or permit another person to administer/supply to himself, a drug of dependence or a prohibited substance; and/or*
 - c) *have in their possession any piece of equipment for use in connection with the, manufacture, smoking, consumption or administration of such a drug or substance or the preparation of such a drug or substance, for smoking, consumption or administration.*
2. *In the event that a student breaches this prohibition, the EREA Use of Illicit Drugs and Other Prohibited Substances by Students Policy, St Brendan's College Behaviour Management Policy and Procedures will be followed.*

AGREEMENT – STUDENT

I _____ (*Student Name*), promise to abide by the College Rules, expected behaviours policy and procedures, and the Law. I agree to comply with the College and the EREA policy in respect of drugs within the College context. I further agree that should I be involved in a breach of the policy, I undertake to assist the College in its data collection concerning the breach, and further to comply with any pastoral support programs and discipline responses as may be decided as appropriate by the College in the circumstances.

I accept that searches of property may be required where there is a reasonable suspicion of a breach of College rules/law.

I have read the agreement and understood my obligations under it.

Student Signature

Date

SECTION 6

DOCUMENT CHECKLIST

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



- A copy of the student's birth certificate translated in English
- Latest school report and reference from previous schools
- Documentation relating to special needs (any reports, action plans, assessments, etc)
- Court order, parenting plans, access restrictions etc (if applicable)
- Payment of the application fee

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

- Passport or travel documents
- Current visa and previous visas (if applicable)- Visa Grant Notice
- A copy of the student's English Assessment
- A copy of the students current Australian Medical Insurance Policy- Overseas Health Cover

In addition, if your child is a temporary visa holder you will also need to provide:

- Authority to Enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
- Evidence of the visa the student has applied for (if the student holds a bridging visa)

INTENDED PAYMENT METHODS – Please tick preference

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

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

This College is part of Edmund Rice Education Australia. Catholic Schools are communities of faith and the Gospel values are essential to the life of our schools. Each student is important and the curriculum is directed at the total formation of the individual.

ASSISTANCE WITH COMPLETING THIS FORM

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

WHO SHOULD COMPLETE THIS FORM?

Parents/guardians/carers of students enrolling in this college.

KEEPING STUDENT RECORDS UP-TO-DATE

Please inform the College 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 St Brendan's College, respects your privacy and is bound by privacy rules to protect the information you provide (see Page 22).

OFFICE USE ONLY

Enrolment fee (\$) Receipt No:	Date Received: / /	Interview Date: / /
Interviewed By:	Enrolment Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Commencement: / /	Year/Grade Level:	Class:
Student I.D. No.	Family Code:	
Comments:		
Medical and Special Educational Needs notes:		
Principal's Signature:	Date: / /	

RESPECTING YOUR PRIVACY

All information on the Application for Student Enrolment form is strictly confidential, and will be kept by your St Brendan's College 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 12

- 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 13

- 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 4

- Additional information about: Parents/guardians/carers – so that we are aware of family arrangements e.g. foster care, contact arrangements, access restrictions.

Please provide Family Court Orders detailing access restrictions and parenting plans, and inform the College as soon as possible about any changes to your family arrangements.

Alternative Emergency Contacts

- Page 13

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

Student Medical Information

- Page 5 to 11

- 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 the College. It is the responsibility of the parent/guardian/carer to provide medication to the College in an authorised pharmacy packet.

Please contact the College if you require further information or clarification regarding the Medications Policy.

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

Enrolment Contract

- Page 17

- 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 18

- 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, College 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 College in writing.