

Completion of this Confirmation of Enrolment form and its return to the School/College, acknowledges your acceptance of the Offer of Place, Enrolment Agreement and Financial Obligations. Confirmation of Enrolment takes effect only once all requirements noted in the Checklist on P7 of this document are received by the School/College.

## Section 1 : Confirmation of Student Enrolment Details

School Name	<input type="text"/>	School Suburb	<input type="text"/>
Student ID (if known)	<input type="text" value="C"/>	Year Level	<input type="text"/>
Enrolment Start Date	<input type="text" value="DD/MM/YYYY"/>		
Student's Legal Surname	<input type="text"/>		
Student's Legal First Name	<input type="text"/>		
Student's Preferred Surname <i>(to be used only with Principal's approval)</i>	<input type="text"/>		
Student's Preferred First Name <i>(if different from Legal First name)</i>	<input type="text"/>		
Student's Date of Birth	<input type="text" value="DD/MM/YYYY"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Section 2a: Confirmation of Parent/Legal Guardian/Caregiver Details

Legal Surname	<input type="text"/>		
Legal First Name	<input type="text"/>		
Other Given Names	<input type="text"/>		
Preferred Surname <i>(if different from Legal Surname)</i>	<input type="text"/>		
Preferred First Name <i>(if different from Legal First name)</i>	<input type="text"/>		
Title (e.g. Mr/Ms/Dr)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="DD/MM/YYYY"/>		
Residential Address <i>(not a post office box)</i>	<input type="text"/>		
Postal Address	<input type="text"/>		
<input type="checkbox"/> Same as Residential Address			
Mobile Telephone Number	<input type="text"/>	<input type="checkbox"/>	(Indicate best contact order)
Home Telephone Number	<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number	<input type="text"/>	<input type="checkbox"/>	
Email Address (Personal)	<input type="text"/>		<input type="checkbox"/>

*This unique Personal email address is used for all school communications including emails, parent portal, permission slips, and fee statements. Due to IT restrictions, workplace emails such as gov.au, org.au and cns.catholic.edu.au emails will not be accepted.*

What is the relationship of this person to the student?

## Section 2a: Confirmation of Parent/Legal Guardian/Caregiver Details CONTINUED

### Occupation

(e.g. plumber, fire fighter, student, nurse)

Does this person perform any of the following roles in regard to the student?

### Emergency Contact

Yes  No (indicate priority e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>)

### Legal Guardian

Yes  No

### Caregiver (Responsible for day-to-day care of student)

Yes  No

### Does this person reside with the student?

Yes  No

Is this person to receive any of the following forms of Communication?

### Report Cards/Progress Reports

Yes  No

### Parent Portal Access

Yes  No

### Newsletters

Yes  No

### SMS

Yes  No

### Invitations/eLearning (if applicable)

Yes  No

### Parent Slips (LG only)

Yes  No

## Section 2b: Confirmation of Parent/Legal Guardian/Caregiver Details

### Legal Surname

### Legal First Name

### Other Given Names

### Preferred Surname

(if different from Legal Surname)

### Preferred First Name

(if different from Legal First name)

### Title (e.g. Mr/Ms/Dr)

Gender  Male  Female

### Date of Birth

DD/MM/YYYY

### Residential Address

(not a post office box)

### Postal Address

Same as Residential Address

### Mobile Telephone Number

(Indicate best contact order)

### Home Telephone Number

### Work Telephone Number

### Email Address (Personal)

- Please provide a different email address to Parent/Legal Guardian/Caregiver 1.
- This unique **Personal** email address is used for all school communications including emails, parent portal, permission slips, and fee statements. Due to IT restrictions, workplace emails such as gov.au, org.au and cns.catholic.edu.au emails will not be accepted.

What is the relationship of this person to the student?

### Occupation

(e.g. plumber, fire fighter, student, nurse)

## Section 2b: Confirmation of Parent/Legal Guardian/Caregiver Details

Does this person perform any of the following roles in regard to the student?

<b>Emergency Contact</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (indicate priority e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> )	<input type="text"/>
<b>Legal Guardian</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Caregiver</b> (Responsible for day-to-day care of student)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does this person reside with the student?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is this person to receive any of the following forms of Communication?

<b>Report Cards/Progress Reports</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Parent Portal Access</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Newsletters</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SMS</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Invitations/eLearning</b> (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Parent Slips</b> (LG only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 3: Additional Contact Person

The following additional Contact Person Details refers to any person nominated by the Parent/Legal Guardian/Caregiver as providing some degree of care, acting as an emergency contact and/or having financial responsibility.

<b>Legal Surname</b>	<input type="text"/>		
<b>Legal First Name</b>	<input type="text"/>		
<b>Other Given Names</b>	<input type="text"/>		
<b>Preferred Surname</b> <i>(if different from Legal Surname)</i>	<input type="text"/>		
<b>Preferred First Name</b> <i>(if different from Legal First name)</i>	<input type="text"/>		
<b>Title</b> (e.g. Mr/Ms/Dr)	<input type="text"/>	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth</b>	<input type="text" value="DD/MM/YYYY"/>		
<b>Residential Address</b> <i>(not a post office box)</i>	<input type="text"/>		
<b>Postal Address</b>	<input type="text"/>		
<input type="checkbox"/> Same as Residential Address			
<b>Mobile Telephone Number</b>	<input type="text"/>	<input type="checkbox"/>	(Indicate best contact order)
<b>Home Telephone Number</b>	<input type="text"/>	<input type="checkbox"/>	
<b>Work Telephone Number</b>	<input type="text"/>	<input type="checkbox"/>	
<b>Email Address (Personal)</b>	<input type="text"/>		<input type="checkbox"/>

What is the relationship of this person to the student?

Does this person perform any of the following roles in regard to the student?

<b>Emergency Contact</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (indicate priority e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> )	<input type="text"/>
<b>Legal Guardian</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Caregiver</b> (Responsible for day-to-day care of student)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does this person reside with the student?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is this person to receive any of the following forms of Communication?

<b>Report Cards/Progress Reports</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Parent Portal Access</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Newsletters</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SMS</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Invitations/eLearning</b> (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Parent Slips</b> (LG only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 4: Enrolment Agreement

1. The School is a Catholic School so my/our child will be educated in a faith environment and will participate in all aspects of the formal Religious Education programme, school liturgies and celebrations
2. It is a fundamental term in this enrolment agreement, that I/we support school policies, behaviour expectations, education requirements and professional advice in the best interest of my/our child and other students. Enrolment in a Catholic school is a family commitment and I/we will ensure my own behaviour and support for the school is consistent with the Code of Conduct for Parents and Volunteers, which can be found on the Catholic Education website at [www.cns.catholic.edu.au](http://www.cns.catholic.edu.au).
3. I/we have fully and accurately disclosed any information required by the School in its enrolment process and understand that the commitment to keep the School informed about any changes that may affect my/our child's school life is ongoing.
4. My/our child will travel on a school bus or on any form of public or private transport where such transport is reasonably deemed by the School to be necessary or desirable.
5. I/we understand that my/our child will use computing resources connected to the internet and that they will accept conditions of use of this resource.
6. I/we acknowledge the EC - Catholic Education Information Collection Notice and will complete the necessary consent forms required by the School.
7. My/our child will attend school and participate in all activities organised or made available at school, including retreats, school camps, work experience programmes and all other outings, excursions and functions. I/we accept my responsibility to notify the School promptly if my child is unable to attend school or school activities.
8. I/we consent to the School, through the Principal or staff, seeking medical or dental advice on behalf of my/our child as it sees fit in the event of accident or illness. While every effort will be made to contact parents or care givers, if they are not reasonably contactable, and if in the opinion of an attending medical or dental practitioner or medical officer, my/our child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, I/we consent to such medical or dental practitioner or medical officer giving such attention or treatment.
9. The consent which I/we have given in paragraph 8 is valid at all times while my/our child is in the care of the School including but not limited to such times as my/our child is at school, is present at retreats, school camps or is attending or participating in a work experience programme, outing, excursion or function.
10. I/we understand that the School will take all reasonable care in the event of my/our child suffering accident or illness but that the School will not be responsible for the costs of any medical or dental attention or treatment administered to my/our child 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 child.
11. I/we accept that positive and supportive partnership between the School and I/we, the parent(s) of the child, is a fundamental term of this contract.
12. I/we accept that a material breach of a fundamental term in the general or financial sections of this agreement, in particular, Section 5a, paragraphs 1 and 2, may result in termination of enrolment.

**Signature of Parent/Legal Guardian/Caregiver**



**Full Legal Name**

**Relationship to Student**

**Date Signed**

**Signature of Parent/Legal Guardian/Caregiver**










**Full Legal Name**

**Relationship to Student**

**Date Signed**










**Financial Arrangement Options** (Please select **one** of the following **three** options)

<input type="checkbox"/> <b>Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY</b> <i>(Both parties, each of whom are nominated as Account Holders, are jointly and severally responsible)</i> <i>Where two parties, e.g. a mother <u>and</u> father, assume joint financial responsibility for 100% of the account.</i> <b>Both account holders will receive an individual fee statement to nominated email address</b>		<b>% of Fees, Levies and Charges</b>
Account Holder 1 Full Name:		<b>100%</b>
Acceptance:	Account Holder 1 Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
<input type="checkbox"/> <b>Option 2: SOLE FINANCIAL RESPONSIBILITY</b> <i>(100% responsibility is allocated to one person who is nominated as the Account Holder). Where only one party, e.g. a mother <u>or</u> a father, assumes financial responsibility for 100% of the account</i>		<b>% of Fees, Levies and Charges</b>
Account Holder Full Name:		<b>100%</b>
Acceptance:	Account Holder Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
<input type="checkbox"/> <b>Option 3: SPLIT FINANCIAL RESPONSIBILITY</b> <i>(Split financial responsibility is allocated to each party. Individual statements are sent to each Account Holder). Where multiple parties are financially responsible for a portion of the account, e.g. mother - 50% <u>and</u> father - 40% <u>and</u> a grandmother - 10%.</i>		<b>% of Fees, Levies and Charges</b>
Account Holder 1 Full Name:		___ %
Acceptance:	Account Holder 1 Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
Account Holder 2 Full Name:		___ %
Acceptance:	Account Holder 2 Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
Account Holder 3 Full Name:		___ %
Acceptance:	Account Holder 3 Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
Account Holder 4 Full Name:		___ %
Acceptance:	Account Holder 4 Signature 	
Date Signed:	<u>  </u> <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
<b>Total (must equal 100%)</b>		<b>100 %</b>

## CONFIRMATION OF ENROLMENT CHECKLIST

Please ensure the following documents are signed and attached before final submission to the school.  
All documents need to be returned to finalise enrolment

### Documents required:

	Completed
 Confirmation of Enrolment Form	
○ <i>Acceptance of Enrolment Agreement</i>	<input type="checkbox"/>
○ <i>Acceptance of Financial Obligation</i>	<input type="checkbox"/>
 CES Information Collection Notice	<input type="checkbox"/> <i>(if applicable)</i>
 Media Consent	<input type="checkbox"/> <i>(if applicable)</i>
 Student Device and Internet Resource Consent form	<input type="checkbox"/> <i>(if applicable)</i>
 Individual School Consent forms	<input type="checkbox"/> <i>(if applicable)</i>
 Individual School Policy documents	<input type="checkbox"/> <i>(if applicable)</i>
 Enrolment Deposit	<input type="checkbox"/> <i>(if applicable)</i>