



NOOSA CHRISTIAN COLLEGE

COOROY

NOOSA CHRISTIAN COLLEGE PRE-ENROLMENT PROCESS

Student Name: _____

Proposed Year Level: _____

Proposed Start Date: _____

Parent Name(s): _____

Phone: _____

Email: _____

PRE-ENROLMENT CONSULTATIVE INVESTIGATION PLAN

GOALS

- To investigate whether the school can safely, reasonably and fairly provide an educational environment in which your student may learn and participate to their potential. This consultative investigation will incorporate:
 - ☐ Information gathering processes to collate relevant information about Your student including information about their skills, abilities, strengths, areas that require additional support and personal qualities in:
 - Academic aspects (including intellectual functioning, and academic / curriculum considerations)
 - Functional aspects (including communication, physical considerations, and personal care and safety)
 - Behavioural aspects (including social participation, emotional wellbeing, and personal care and safety)
 - ☐ Determining the adjustments that may be required or advisable for Your student
 - ☐ Exploring the reasonableness, feasibility, viability, practicality, workability and utility of implementing appropriate adjustments in an attempt to support Your student to learn and participate in the school's educational processes, facilities and services to their potential
- To explore the extent to which it will be reasonably practicable to ensure the health, safety and welfare of all students (including your student), school personnel and school community members in relation to your student in the classroom and during the school day.
- To explore options through external providers and funding sources for additional support services and financial support for your student including their current funding support and NCCD category or verification level at previous school.

In the event the school is unable to meet Your student's needs within the range of programs, support services and resources that the school is reasonably able to provide, the school will not be able to progress Your student's enrolment at the school.



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COLLABORATION AND COMMITMENT

Liaison within the Enrolment Team The Enrolment Team will liaise and collaborate to develop this Plan.

Medical, family and educational information Parents/Guardians must provide full and accurate information and documentation about the

- ☐ Family background
- ☐ Educational background
- ☐ Behavioural background
- ☐ Medical history, including birth history and childhood milestones
- ☐ Psychological background
- ☐ Special needs
- ☐ Health and well-being of your student
- ☐ Including information about any matter that may impact your student's attendance at the school.

This is a mandatory obligation.

Parents/Guardians must provide (certified) copies of all information and documentation relevant to your student's education, health and well-being including, but not limited to:

- ☐ Birth Certificate
- ☐ Psychological, psychiatric, paediatric and medical reports
- ☐ Educational, specialist and psychoeducational reports and testing results
- ☐ Learning plans
- ☐ Court orders, parenting plans and family law matters
- ☐ Previous school reports, testing and specific support provided (i.e. Teacher Aide time and Learning Support programs) throughout/across your student's education.

This is a mandatory obligation.

Medical and/or allied health support personnel Parents/Guardians will authorise school personnel to liaise with medical and/or allied health support personnel to obtain current and relevant information about your student (in addition to the medical and allied health records that have been provided). Parents/Guardians are responsible for any costs incurred with medical and/or allied health support personnel.

Meetings of school personnel School personnel will meet as required to review the implementation of this Plan

- ☐ Principal Interview
- ☐ Numeracy and Literacy Testing
- ☐ Learning Enhancement Coordinator Interview



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SUMMARY OF STUDENT PROFILE

What is the nature and extent of your student's condition, and their general health and well-being?

Information obtained from prior schools including:

- ☐ NCCD Category
- ☐ ISP (Individual Support Plan)
- ☐ IEP (Individual Education Plan)
- ☐ ESP (Educational Support Plan – for out of home care)
- ☐ Any behaviour plans
- ☐ Previous school reports (in the last two years)
- ☐ Testing and specific support (i.e. Teacher Aide time) in the last two years

Further assessments: Should your student be referred to a paediatrician or other medical and/or allied health professionals for assessment to obtain further information about the nature and extent of your student's condition, and their general health and well-being. This would be at the family's cost.

Consider how your student's condition may affect their involvement and ability to learn and participate in the educational program and age-appropriate activities at the school to their potential, and access and use the facilities and services of the school to their potential. The elements to be considered will vary depending upon the nature of the disability. For example, for a student with disability, consideration may be given to the following issues:

- ☐ Intellectual functioning / Academic / curriculum / learning environment
- ☐ Communication
- ☐ Social participation and emotional wellbeing
- ☐ Physical
- ☐ Personal care

Required or advisable adjustments

Determine appropriate adjustments that may be required or advisable for your student and explore reasonableness, feasibility, viability, practicality, workability and utility of implementing appropriate adjustments in an attempt to support your student to learn and participate in the school's educational processes, facilities and services to their potential. Consider (in addition to the IEP and a modified behaviour management plan):

- ☐ School specific considerations, year level specific considerations, geographic specific considerations
- ☐ Access and use of facilities and services
- ☐ Teaching and learning / curriculum considerations
- ☐ Supervision and support throughout the school day
- ☐ Personal care
- ☐ Access to specialist services and funding



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Mandatory obligations: a failure to comply with a mandatory obligation without reasonable cause may lead to the cessation of this investigative and consultation process. If your student has been enrolled before the non-compliance is fully ascertained, it may lead to a cancellation of the Enrolment Agreement.

Signed on behalf of the school	
Date:	

Signed by Parents/Guardians	
Date:	

APPLICATION FOR ENROLMENT

School-based Kindergarten

Please attach a passport size
photo of your child here.

(Optional)

Child's Name:

ATTACHED DOCUMENTS

Please ensure ALL the following documents are attached to this application before submission.

Child's birth certificate/identity documents		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
AIR Immunisation History Statement		Copies of medical documents	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

SERVICE NAME	NOOSA CHRISTIAN COLLEGE		
Address	20 COOROY BELLI CREEK ROAD, COOROY QLD 4563		
Phone number	07 5447 7808	Mobile	N/A

PART A: CHILD DETAILS

A parent or guardian who has parental responsibilities in relation to the child must complete this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulation 160 (3a, e) to 162.

Family Name					
First Given Name		Second Given Name			
Preferred first name		Date of Birth		Age	
Gender (circle)	Male	Female	Please Specify:		
Health Care Card No					
Child's Home Address					
Child normally lives with					

Days Required for Care

Days of Attendance (Please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Child's Commencement Date	/ /				

OFFICE USE ONLY

Date Entered		Entered By	
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PART B: CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin? (Please tick)	<input type="checkbox"/>	No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Yes, Aboriginal
	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/>	Yes, Torres Strait Islander
Does your child speak a language other than English at home?	(Please circle) YES / NO If yes, what language (s) other than English are spoken at home:			
Country of birth				
Child's residency status				
What is your child's cultural background?				
Please outline any cultural practices you would like followed: (Cultural, dietary etc)				
Religious Affiliation/ Local Church Currently Attending:				

PART C: FAMILY INFORMATION

Education and Care Services National Regulations - Regulation 160 (3b)

Primary Parent/Guardian Contact

Parent Surname	
Parent Given Names	
Relationship to Child	
Home Address	

Phone Number/s	Home:	
	Mobile:	
	Work:	
Parent Date of Birth		
Email Address		
Country of Birth		
Languages other than English spoken at home		
Please provide any relevant cultural background details		
Occupation		
Work Address		
Marital Status		
Does the child normally live with you? (Please circle)	YES / NO	

Secondary Parent/Guardian Contact		
Parent Surname		
Parent Given Names		
Relationship to Child		
Home Address		
Phone Number/s	Home:	
	Mobile:	
	Work:	
Parent Date of Birth		
Email Address		
Country of Birth		

Languages other than English spoken at home	
Please provide any relevant cultural background details	
Occupation	
Work Address	
Marital Status	
Does the child live with you? (Please circle)	YES / NO

Siblings and Relatives

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

PART D: FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes / No If yes, please provide all relevant documentation and paperwork	Attached Yes / No
Are there any other relevant court orders relating to the child's residence or contact with a parent or other person?	Yes / No If yes, please provide all relevant documentation and paperwork	Attached Yes / No

Have photographs and names of unauthorised people been attached to this form?	Yes / No	Attached Yes / No
Briefly outline court order requirements		
Please Note: Without this documentation we cannot legally enforce the order/s.		

PART E: MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 94, 160 (3a, l, j)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies on enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare Reference Number	
Doctor's Name			
Medical Centre		Phone Number	
Doctor's Address			
Dentist Name			
Name of Service		Phone Number	
Dentist's Address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

Child's Medical Details and Health Conditions for Anaphylaxis and Allergies

ALLERGIES - provide details of child's allergies.

These can include insect stings, food (e.g., nuts, eggs, peanuts, animals, latex, medication or other).

ALLERGY TO			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone Contact	Ph:	Address	
Risk of Anaphylaxis	Yes / No	Has a doctor diagnosed this allergy?	Yes / No
Does your child have a current ASCIA Action/First Aid Plan? <small>(ASCIA - Australian society of clinical immunology & allergy)</small>	Yes / No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes / No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?			Month Year
I understand that it is a requirement for the Service to develop in consultation with families a Risk Minimisation Plan and Communication Plan for my child's medical condition (<i>Regulation 90</i>)			Yes / No
If your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Responsible Person or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.		Yes / No	
		Parent 1 Signature	
		Parent 2 Signature	

Special Dietary Requirements

Food Requirements	Detailed information

Medical Conditions <u>other than</u> Allergies and Anaphylaxis			
(ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES, OTHER)			
Medical Condition			
Has a doctor diagnosed this condition?	Yes / No		
Does your child have a current Action Management Plan (e.g., Asthma Plan)?	Yes / No		
If yes, is this plan attached?	Yes / No		
I understand that it is a requirement for the Service to develop in consultation with families a Risk Minimisation Plan and Communication Plan for my child's medical condition (<i>Regulation 90</i>)	Yes / No		
Does your child take any prescribed regular medication for this condition?	Yes / No		
Medication Name/s			
Medication will only be administered if: <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child's name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s. 	Parent 1 Signature		
	Parent 2 Signature		
NOTE: Any medication, including non-prescription medication like paracetamol, must be authorised by parent/s or an authorised nominee.			

Immunisation Details		
<i>Education and Care Services National Regulations - Regulation 160 (3a, I, j)</i>		
Evidence MUST be provided of child up-to-date vaccinations from the Australian Immunisation Register (AIR)		
Is your child immunised?	Yes / No	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes / No	Attached Yes / No

AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes / No	Attached Yes / No
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes / No	Attached Yes / No
A Conscientious Objection Form must be provided by a signed recognised immunisation provider.	Yes / No	Attached Yes / No

PART F: DEVELOPMENTAL INFORMATION

Please provide all relevant information

<p>Does your child have any problems with?</p> <p><input type="checkbox"/> Hearing <input type="checkbox"/> Speech/language</p> <p><input type="checkbox"/> Sight <input type="checkbox"/> Behavioural/emotional</p>	
Does your child have a physical disability or delay, including intellectual, sensory, or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
<p>Is your child toilet trained?</p> <p><input type="checkbox"/> Toilet Training <input type="checkbox"/> Toilet Trained</p>	Your child needs to be toilet trained to attend our Kindergarten.
Is this the first time your child has been in care? If no, please indicate the type of early education and care your child has experienced.	

Is your child used to being with other adults and children?	
Does your child require a sleep or rest? <input type="checkbox"/> Sleep <input type="checkbox"/> Rest <input type="checkbox"/> If needed	Do you have any specific requests?
What is your child's drinking method? <input type="checkbox"/> Cup <input type="checkbox"/> Water Bottle	Are there any specific needs?

Transition to School			
Have you decided what School/College to send your child to? If so, do you give the Service permission to exchange information with the School/College to assist your child's transition to school? Name of School/College: <hr/>	Yes / No	Parent 1 Signature	
	Yes / No	Parent 2 Signature	
	Permission to exchange information: Yes / No		
While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program.			

PART G: EMERGENCY CONTACTS AND AUTHORISATIONS
<i>Education and Care Services National Regulations – Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)</i>
There may be times or situations where your child has had an accident, injury, trauma, or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent before listing them as an emergency contact.

First Emergency Contact – Authorised Nominee

Full Name			
Relationship to child			
Phone Number/s	Home:		
	Mobile:		
	Work:		
Home Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Is this person permitted to authorize the education and care service to transport the child or arrange transportation for the child? If your Service does not offer, or arrange transportation of children as part of your education and care service, mark N/A	Yes / No N/A	Parent 1 Signature	
		Parent 2 Signature	

Second Emergency Contact – Authorised Nominee

Full Name	
Relationship to child	
Phone Number/s	Home:

	Mobile:		
	Work:		
Home Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Is this person permitted to authorize the education and care service to transport the child or arrange transportation for the child? If your Service does not offer, or arrange transportation of children as part of your education and care service, mark N/A	Yes / No	Parent 1 Signature	
	N/A	Parent 2 Signature	

Authorisations for Illness, accident, and emergency treatment			
<i>Education and Care Services National Regulations – Regulation 160 (3i) Regulation 161)1a, 1b, 1c)</i>			
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital, or ambulance service?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental	Yes / No	Parent 1 Signature	

treatment from a registered dental practitioner or service in the event of an emergency?		Parent 2 Signature	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes / No	Parent 1 Signature	
		Parent 2 Signature	

Transport Authorisation

Education and Care Services National Regulation – Regulation 102(4), 102D(4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for:

- regular outings (once every twelve months)
- an excursion that is not a regular outing

Parent 1 Signature	
Parent 2 Signature	

Enrolment Agreement – Consent

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

Health and Safety

Have SPF50+ sunscreen applied prior to sun exposure as per the Sun Safety Policy supplied by the: Service / Parents (please circle) (If not, please provide a letter releasing the Service of any liability)	YES	NO
Have staff apply Insect Repellent applied prior to exposure supplied by the: Service / Parents (please circle)	YES	NO
Have band-aids or sticking plasters applied when necessary	YES	NO
Have solutions such as antiseptic, stingose, and pawpaw ointment applied to minor first aid wounds?	YES	NO

Photography and Video

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	YES	NO
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For photos and video footage of my/our child to be used in observations and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media, and other internet purposes, such as advertisement and used in resources for this organisation	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO
For my child's photo and name to be displayed if Medical Conditions, Allergies and Food Intolerances apply?	YES	NO

PART H: PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick to confirm you have read each point:

	I agree to inform the Service in writing immediately of any changes to the above information.
	I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
	I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that fees are set each term even when my child is absent due to sickness or on holidays.
	If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
	In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the Nominated Supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
	I agree to provide one whole term's written notice to withdraw my child from the Service.
	I authorise a qualified staff member to administer a single dose of paracetamol appropriate to my child's age, in the event of my child experiences a high temperature of 38°C and above and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
	I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Administration of Medication</i> form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I

	can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Service Leader deems the child well enough to attend Service.
	I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
	I have read the Kindergarten Parent Information Booklet and am familiar with the Service's Policy Manual. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously via email.
	I am interested in supporting the Service to review policies, provide feedback, or assist with activities or excursions.
	I, or someone I know has a skill they could share with the children to enhance the educational program.
	I give permission to allow my child to leave the confines of the Service for fire/emergency drills?
	I give permission for my child to participate in short walks around the Service and School/College grounds?

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

HOW DID YOU HEAR ABOUT US? (Please tick)

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

PRIVACY DISCLAIMER

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our *Privacy and Confidentiality Policy*.



NOOSA CHRISTIAN COLLEGE

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Fee Payment Agreement

FINANCIAL OBLIGATION STATEMENT

Noosa Christian College supports all families with their choice to provide private quality Christian education for their children and we want to extend a welcome to your family as part of our school community.

It is important however, for parents/carers to acknowledge that enrolment at Noosa Christian College involves a clear obligation to be financially responsible and accountable for the prompt payment of fees, levies and charges that may be raised to the Student Fee Account. We look forward to you accepting this responsibility through the signing of the **Fee Payment Agreement** as a condition of enrolment.

If in the event of any fee collection costs being incurred in order to address any outstanding balance on your Student Fee Account at any time, the school reserves the right to recover any such debt collection costs from you as being identified as being responsible for the Student Fee Account.

Should you wish to be considered for Fee Assistance, please refer to the Fee Assistance Guidelines and Application form available from the School Administration office.

AGREEMENT

I / We as parents / carers for the following students, agree to make full payment of all tuition fees and any other levies, charges and fees as annually advertised by the school and as raised to our STUDENT FEE ACCOUNT, in accordance with the following arrangements.

I / We further agree that we will give written notice to the Principal of one full school term, or agree to pay one term's fees in lieu of notice, if my child/ren leave the school.

I / We further agree that where more than one parent / carer is listed as being responsible for the payment of fees and charges raised to the STUDENT FEE ACCOUNT, that we are both jointly and severally responsible for the payments as outlined in this agreement.

I/We further agree that unless otherwise specifically advised to the school in writing, this Fee Payment Agreement remains in place and current for the full duration of our child/children's attendance at the school and will extend beyond the current academic year.

(ONE OPTION MUST BE SELECTED FROM THE LISTING BELOW)

- | | | |
|------------------|---|--------------------------|
| OPTION 1: | Full ANNUAL Payment <u>prior</u> to the advertised DUE DATE FOR PAYMENT | <input type="checkbox"/> |
| | <i>(4.5% Prompt Payment Discount available, conditions apply)</i> | |
| OPTION 2: | Full TERM Payment <u>prior</u> to the advertised DUE DATE FOR PAYMENT | <input type="checkbox"/> |
| | <i>(4.0% Prompt Payment Discount available, conditions apply)</i> | |
| OPTION 3: | To enter into a regular PAYMENT PLAN to ensure payment of all fees prior to the end of the CURRENT enrolment Term. | <input type="checkbox"/> |
| | Preferred payment scheduling <i>(please indicate)</i> | |
| | Weekly | <input type="checkbox"/> |
| | Fortnightly | <input type="checkbox"/> |
| | Monthly | <input type="checkbox"/> |

If selecting Option 3, the school Business Manager will confirm in writing, the weekly /or fortnightly /or monthly payment plan details to be commenced immediately to allow for the clearing of all amounts as agreed.

Student Name/s	Name..... Name..... Name..... Name.....
Parent / Carer (1) Agreement Details:	Name..... Residential Address..... Postcode..... Postal Address if different from above Postcode..... Signature..... Date.....
Parent / Carer (2) Agreement Details:	Name..... Residential Address..... Postcode..... Postal Address if different from above Postcode..... Signature..... Date.....