



Clarence Valley

ANGLICAN SCHOOL

Please attach a
current
photograph of
your child

Please ensure all sections of this form are completed.

When submitting this form, have you (please tick):

- ☐ Attached copy of birth certificate and passport/visa (if applicable)?
- ☐ Attached copy of latest school reports including NAPLAN results (if applicable)?
- ☐ Attached copy of current immunisation?
- ☐ Attached custodial agreement or court orders (if applicable)?
- ☐ Signed Section 1 (General Permission Note) and Sections 6 and 8?
- ☐ Enclosed the Enrolment Fee?

Name of Student: _____
(given names) (surname)

Child known as: (if different from given name) _____

Enrolling in Academic Year _____ Commencing Term _____ Year 20_____

Office Use Only	✓	Date/Receipt no.
Application Form signed- Fee paid & receipt no		
Enrolment Form Returned-Fee paid & receipt no		
School reports (2) copied & placed on file		
Immunisation evidence placed on file		
Birth Certificate		
Code of Behaviour		
Sport House		
First date of attendance		
Details entered into Student Database		
Date of Exit		
Moving to (name of school)		

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Section One - STUDENT DETAILS

STUDENT INFORMATION:

Surname _____ Given Names _____

Address _____ State _____ Postcode _____

Date of Birth _____ Gender _____

Previous/current school (if any) _____ State _____

Religious Denomination _____ Baptised ☐ Yes ☐ No (Please tick)

Aboriginal ☐ Yes ☐ No (Please tick) Torres Strait Islander ☐ Yes ☐ No (Please tick)

Country of birth _____ If not Australia, Year of arrival _____

Australian permanent resident ☐ Yes ☐ No (Please tick) Please provide copy of visa / citizenship

Language/s spoken at home _____

STUDENT INDIVIDUAL NEEDS:

To assist the School to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Has your child ever repeated a year? ☐ Yes ☐ No (Please tick) Year level _____

Has your child ever been accelerated (skipped a year)? ☐ Yes ☐ No (Please tick) Year level _____

Does your child have a need which affects his/her learning? ☐ Yes ☐ No ☐ Unsure (Please tick)

Please tick as appropriate for your child:

Autism / Aspergers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
An intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
A physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD / ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Giftedness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulties in basic areas of learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acquired brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Medical Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviour disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social/ Emotional Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please specify) _____	
Vision impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	

What accommodations and/or learning adjustments, if any, were provided for your child at his/her previous school? (Please tick Yes or No)

Alternative teaching and learning strategies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Braille	<input type="checkbox"/> Yes <input type="checkbox"/> No
A reader or scribe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal carer support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to technology	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifications to equipment, furniture, and learning spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please specify) _____	
Adjustment to Curriculum Content	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	

If you have answered yes to any of the above, please provide full details of those needs and any intervention / support that he/she may be currently receiving (supporting documentation must be provided)

Has a specialist ever assessed your child for developmental, learning or behavioural problems?

☐ Yes ☐ No (Please tick)

If yes, please identify what type of specialists by ticking below:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Guidance officer | <input type="checkbox"/> Child Psychologist | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Vision therapist |
| <input type="checkbox"/> Speech therapist | <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Other |

If other, please specify: _____

Please attach reports from the above specialist/s to this application.

Does your child take medication on a regular basis?

☐ Yes ☐ No (Please tick)

If yes, what type of medication and how frequently? _____

Does your child have social difficulties with other children?

☐ Yes ☐ No (Please tick)

If yes, please specify: _____

Has behaviour management ever been an issue with your child?

☐ Yes ☐ No (Please tick)

If yes, please specify: _____

GENERAL PERMISSION NOTE

NOTE: It is important that the parent/guardian to sign the General Permission Note. If this note is not signed your child may be unable to participate in various general activities where leaving the school grounds is required. Details concerning any excursions will be forwarded prior to the event.

I give permission for the above student to attend any excursion:

1. Which is organised by Clarence Valley Anglican School and supervised and accompanied by a staff member and;
2. Which involves leaving the school premises travelling by foot, or bus, within the boundaries of Grafton, South Grafton, Clarenza and Junction Hill.

Parent/Guardian full name: _____ Signature: _____

Section Two – PARENT / GUARDIAN INFORMATION

MOTHER/LEGAL GUARDIAN DETAILS

(Please tick relevant boxes)

Relationship to student:

- ☐ Parent ☐ Step Parent
☐ Legal Guardian ☐ Grandparent
☐ Other (please specify) _____

Title _____ First Name _____

Surname _____

Australian Permanent Resident ☐ Yes ☐ No

If born outside Australia, please provide copy of Visa / Australian Passport / Citizenship certificate

Marital status:

- ☐ Married ☐ Single ☐ De facto
☐ Divorced ☐ Widowed

Residential address: _____

State _____ Postcode _____

Home phone _____

Business phone _____

Mobile _____

Email _____

Occupation _____

Living with student? ☐ Yes ☐ No

Access? ☐ Yes ☐ No

FATHER/LEGAL GUARDIAN DETAILS

(Please tick relevant boxes)

Relationship to student:

- ☐ Parent ☐ Step Parent
☐ Legal Guardian ☐ Grandparent
☐ Other (please specify) _____

Title _____ First Name _____

Surname _____

Australian Permanent Resident ☐ Yes ☐ No

If born outside Australia, please provide copy of Visa / Australian Passport / Citizenship certificate

Marital status:

- ☐ Married ☐ Single ☐ De facto
☐ Divorced ☐ Widowed

Residential address: _____

State _____ Postcode _____

Home phone _____

Business phone _____

Mobile _____

Email _____

Occupation _____

Living with student? ☐ Yes ☐ No

Access? ☐ Yes ☐ No

If separated or divorced:

Who is the residential parent? _____ Who is the contact parent? _____

Are there any court orders/ parenting plans which are relevant to this student? ☐ Yes ☐ No

If yes, is the court order/ parenting plan from (please tick)

- ☐ Family Court
☐ Federal Magistrates Court of Australia
☐ Magistrates Court

Date of court order/ parenting plan: _____

Is this the current court order/ parenting plan? ☐ Yes ☐ No

I have enclosed a copy of the current court order/ parenting plan ☐ Yes ☐ No

If the current court order/ parenting plan is not provided, the school will assume both parents have equal parental access.

Section Three – EMERGENCY CONTACTS

Please supply at least one contact if you can't be reached in an emergency.

	Name	Phone	Address	Relationship to Student
Contact 1				
Contact 2				
Contact 3				

Section Four – MEDICAL CONTACTS AND DETAILS

(Please tick Yes or No where appropriate)

Family Doctor

Name: _____ Phone: _____

Address: _____

Family Dentist

Name: _____ Phone: _____

Address: _____

Medical Alert

Medical Alert: ☐ Yes ☐ No Details: _____

Emergency Consent / Details

In the case of extreme urgency, and when all efforts by the School to make contact with a parent or guardian have failed, has the School permission to arrange:

Medical Attention: ☐ Yes ☐ No Ambulance: ☐ Yes ☐ No Paracetamol: ☐ Yes ☐ No
Emergency Operations: ☐ Yes ☐ No Anaesthetic: ☐ Yes ☐ No Blood Transfusion: ☐ Yes ☐ No

If NO, please advise: _____ Blood Type (if known): _____

Does your child have Private Health Insurance? ☐ Yes ☐ No Fund Name: _____

Policy No: _____ Level of Cover: _____

Is your child an Ambulance Member? ☐ Yes ☐ No Ambulance Member No: _____

Medicare No: _____ Line No: _____ Expiry Date: _____

Immunisation Status:

Currently vaccinated against:

DTP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	MMR	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cholera	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poliomyelitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typhoid	<input type="checkbox"/> Yes <input type="checkbox"/> No				

General Medical Details:

Please provide details of any conditions, illness, disability, medication or health needs that your child has. Please outline any strategies that may be required to manage this condition.

Hearing/Eyes/Speech:

Has your child had a hearing test? ☐ Yes ☐ No Test Date: _____ Hearing Aid: ☐ Yes ☐ No

Hearing Test Result: _____

Has your child had an eye test? ☐ Yes ☐ No Test Date: _____ Glasses: ☐ Yes ☐ No

Contact Lenses: ☐ Yes ☐ No Eye Test Result: _____

Has your child had a speech test? ☐ Yes ☐ No Test Date: _____

Speech Test Result: _____

Other:

If your child requires special consideration for any of the following, please advise:

Religious Requirements: _____

Disabilities: _____

Diet: _____

Other: _____

Asthma:

If your child has asthma, please give details, **and ensure the School is updated regularly on any changes.**

Category: _____ Last Hospitalisation Date _____

Triggers: _____

Asthma Medication:

Prevention: _____ Relief: _____

Flow Rates Normal Peak: _____ Low Peak: _____ Doctor Peak: _____

In the event of an asthma attack, please provide details on the actions to be taken:

Please provide details on your child's usual symptoms of asthma:

Please provide details on your child's symptoms of worsening asthma:

Allergies/Medication:

Please provide details on any allergies your child has or any medication your child takes regularly:

Neuro:

Please provide details on any head injuries your child has suffered and/or if your child suffers from epilepsy, headaches or migraines:

Musculoskeletal:

Please provide a history of any fractures your child may have suffered, any joint abnormalities, and/or if your child suffers from arthritis/scoliosis:

History:

Please provide details on your child's surgical history: _____

Please provide details on your child's medical history: _____

Heart Condition: ☐ Yes ☐ No

Wears Medical Bracelet: ☐ Yes ☐ No

Section Five – COLLECTION OF INFORMATION AND PRIVACY CONSENT

Collection of Information Notice

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to your son/daughter and to enable them to take part in all the activities of the School.
2. Some of the information we collect is to satisfy the Clarence Valley Anglican School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about students from time to time.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a student to another school. This information may be provided to other schools, government departments, the Anglican Schools Commission, medical practitioners, and people who provide services to the School, including specialist visiting teachers, coaches, volunteers and counsellors.
6. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your son/daughter.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and on our website]. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and on our intranet.
8. The School's Privacy Policy sets out how parents or students may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the student, or where students have provided information in confidence.
9. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
10. We may include students' and students' parents' contact details in a class list or School directory.
11. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.

DATA COLLECTION FORM

Information required for assessment, reporting and recurrent Government funding purposes

Information collected in this form will be covered by the School's Privacy Policy.

1. What is the highest year of primary or secondary school the parents/guardians have completed?
(for persons who have never attended school, mark "Year 9 or equivalent below".)

Mark one box only in each column

Mother/parent1/
Guardian1

Father/parent2/
Guardian2

Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

2. What is the level of the **highest** qualification the parents/guardians have completed?

Mark one box only in each column

Mother/parent1/
Guardian1

Father/parent2/
Guardian2

Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the occupation group of the mother/parent1/guardian1?

- 3(b). What is the occupation group of the father/parent2/guardian2?

Please select the appropriate parental occupation group from the attached list on Page 9.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been paid work in the last 12 months, enter '8' in the box above.

4. Does the student or their mother/guardian or their father/guardian speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

Mark one box only in each column

student

Mother/parent1/
Guardian1

Father/parent2/
Guardian2

No	English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Arabic (incl. Lebanese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Tagalog (Filipino)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Macedonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In which country was the student born?

Australia	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>
England	<input type="checkbox"/>
China	<input type="checkbox"/>
Philippines	<input type="checkbox"/>
South Africa	<input type="checkbox"/>
Hong Kong	<input type="checkbox"/>
India	<input type="checkbox"/>
United States of America ...	<input type="checkbox"/>
India	<input type="checkbox"/>
Pakistan	<input type="checkbox"/>
South Korea	<input type="checkbox"/>
Other – please specify	<input type="text"/>

List of Parental Occupation Groups (for question 3)

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/sports persons 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, kitchenhand, 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/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
Labourers and related workers
Defence Forces ranks below senior NCO not included above
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]

Section Six – CODE OF BEHAVIOUR

CVAS has been built upon Christian principles of co-operation, integrity and respect.

Students, parents/guardians, on accepting enrolment at this school, understand that:

1. Politeness and respect for others is necessary and essential. Students are to demonstrate courtesy and respect to all members of staff and visiting adults around the school grounds and local community.
2. Swearing and abusive language shows lack of respect and will not be tolerated. If a student uses such language while at school, the consequences will be in accord with the CVAS Behaviour Support Policy.
3. While travelling to and from school, students are to be polite and well-mannered.
4. School rules apply from the time students leave home in the morning until they arrive home after school and on all occasions in which students are in the care of the school. During these times, smoking of tobacco and/or illegal substances and possessing, using or dealing in alcohol or illegal drugs is strictly forbidden. Any offence will result in immediate suspension and possible expulsion of the student concerned.
5. Punctuality and regular attendance at all lessons is essential. A signed and dated note from parents/guardians should be submitted to explain any absences.
6. Students are expected to join in sport, excursions and similar activities unless exempt by Medical Certificate.
7. Students who have the ability to compete or perform and who are chosen to represent the school in sport or school events are expected to do so.
8. The full school uniform is to be worn to and from school and at all times during the school day.
9. Once at school, students are to remain within school boundaries until dismissal at the end of the school day. Permission to leave the school will be given only on receipt of a written, dated and signed request from parents/guardians.
10. The care of the school environment both inside and outside buildings is the responsibility of every student. All forms of littering or property damage are unacceptable. Damaged or broken property, resulting from careless or deliberate abuse, will be charged to the students concerned.
11. Each student is expected to behave in a manner that reflects Christian values

STUDENT STATEMENT

I have read, understand and am willing to abide by the above Code of Behaviour.

_____ (Signature of student)	_____ (Signature of parent)	_____/_____/20_____ (date)
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Section Seven – ICT NETWORK AND INTERNET POLICY

Access to the Clarence Valley Anglican School network and the Internet is a privilege, not a right. Students are expected to behave in a responsible manner and abide by the rules set out below.

The ICT Network will be used for educational purposes involving the use of software, creation and management of files, research, e-mail and publishing, as part of classroom activities or self-directed activities.

The School believes that the benefits to students from accessing information from Internet sites, libraries, databases and bulletin boards and exchanging messages with people throughout the world will enhance their educational experiences.

Student Acceptable Use

- Only use Information and Computing Technologies for educational purposes.
- Take good care of School ICT equipment and not tamper with it.
- Use only their own password and access their own work files.
- Do not log in to the network as another student.
- Do not share their login password with other students.
- Do not send messages, emails or blog posts that harass or insult others.
- Do not publish family names, home addresses or phone numbers on the Internet.
- Do not access online material that is illegal, dangerous, explicit or offensive.
- Do not place games or non-educational files in network shared folders.
- Comply with copyright laws.

These rules apply to use of the Clarence Valley Anglican School network and to the wider Internet.

Failure to abide by these rules could result in sanctions such as loss of access to the School network, further disciplinary action or, in extreme cases, Police investigation.

The School reserves the right to access student files at any time without notice. E-mail and Internet use will also be monitored.

Section Eight - BILLING DETAILS

Name of person(s) by whom fees are payable: _____

Relationship to student if not parent: _____

Email address for billing purposes: _____

Address for fee billing to be sent if email is unavailable:

Street No _____ Street Name: _____

Suburb/Town: _____ Postcode: _____

Agreement:

I/We have read and understood and agree to be bound by the School's Financial Terms and Conditions as detailed. Please note that one full term's notice (or fees in place thereof) must be given for the withdrawal of a student.

Signed: _____ Date: _____

(parent/guardian)

Signed: _____ Date: _____

(parent/guardian)

Complete the details below if you wish to have your fees direct debited from your bank account.

Bank Name: _____ Branch: _____

BSB Number: _____ Account Number: _____

Account Name: _____

(School fee Direct Debits occur fortnightly on days nominated by the school)

- ✦ I/We enclose the balance of our non-refundable enrolment fee and accept the offer of enrolment for my/our son/daughter.
- ✦ I/We have read and understood and agree to be bound by the School's Financial Terms and Enrolment Conditions as provided on reverse side of this page. I have retained a duplicate copy of these terms and conditions.
- ✦ I/We agree to accept the rules and practices of the School as detailed in the Student Handbook, School Diary and in all School publications.
- ✦ I/We agree that entry is subject to satisfactory completion of subsequent enrolment procedures, (including Enrolment Form, Acceptance Form, Confidential Information Form and Code of Behaviour Form). I/We note that a term's notice in writing to the Principal is necessary for the withdrawal of a student. In the absence of such notice one term's fees (plus 10% GST) is payable.
- ✦ I/We acknowledge that I/We have received a copy of the current Prospectus of the School informing me/us of the aims of the School and detailing its activities.
- ✦ I/We agree to permit the above student to participate in educational excursions, outside the School, and in addition, to participate in extra-curricular activities both in and out of the School, as approved by the Principal. Parents will be informed beforehand of excursions and must inform the Principal if their child is unable to attend.
- ✦ I/We have read the School's privacy collection notice and we accept it at this point in time, aware that we may change this position at any time in the future.

FINANCIAL TERMS & ENROLMENT CONDITIONS

1. **Non-refundable Application and Enrolment Fees (as at current Schedule of Fees):** An application fee is to be paid when applying for admission to the School. The enrolment fee is then to be paid upon acceptance of enrolment.
2. **School Fees:** A copy of the current Schedule of Fees is attached. School fees are reviewed each year by the School Council.
3. **Payment of Fees:** An invoice will be issued at the start of each term and a statement will be issued around week 7 of each term. **PLEASE NOTE - Fees are due and payable in advance, and should be paid within 30 days of issue of an invoice.** Prompt payment of fees is appreciated as it assists the School in containing operating costs. Late payment of fees will result in interest, administration and possible debt collection fees being added to the account.

Where particular circumstances arise that may prevent timely settlement, contact should be made with the Principal or Financial Manager, in which case it may be possible to make alternative arrangements. These may include direct debit or cash payment on a programmed weekly, fortnightly or monthly basis.

4. **Building Fund:** In these pioneering years of the School, a great deal of careful planning is taking place which will ensure that the School meets the standards future generations will expect. The generations of children we will teach in the future will demand the best we can offer in this, our generation. This can only be realised if we maintain the School Building Fund. It is anticipated that all families will endeavour to contribute to this fund and the recommended level of donation is \$100 each year (may be paid by term).

All donations to the Clarence Valley Anglican School Building Fund are Tax Deductible.

5. Withdrawal of a Student

Attention is directed to the requirement to give a term's notice, in writing, to the Principal of the intended withdrawal of a student from the School. In the absence of such notice, one term's fee (plus 10% GST) is payable. All costs incurred in the pursuit of any outstanding fees will be added to these overdue fees for payment.

6. Exclusion from the School

- a. **If the Principal, or any person deputing for the Principal, considers that a student is guilty of a serious breach of the rules or has otherwise engaged in conduct which is prejudicial to the school or its students or staff, the principal or Deputy may exclude the student permanently or temporarily. If the School Council or the Principal believes that a mutually beneficial relationship of trust and cooperation between a parent and school has broken down to the extent that it adversely impacts on that relationship, then the School, the School Council or the Principal may require the parent to remove the child from the School.**

No remission of fees will apply in either case.

7. Insurance

While the School takes every effort to prevent loss or damage it cannot insure personal property belonging to the students. It is suggested that parents maintain their normal property insurance, having checked that it covers property in any location. Personal injury insurance is also advisable to cover students in the case of accident at School or at home. The School insurance does not cover these.

8. Absence through Illness/Injury or other reasons

It should be understood that no remission of fees either in part or in whole will be made should the student be absent from School through illness or injury. Private insurance cover can be obtained to cover this type of misfortune. Please note that it is the duty of the parent/guardian to notify the school on the day of absence that the child will not be attending.

9. Personal belongings

Students are responsible for their personal belongings and the School will not be liable for any loss of these belongings.

10. Damage to Property

Students will be liable for any loss or damage to books and equipment on loan to them, and for any damages they may cause to School property.

11. Amendment to Terms and Conditions

The School Council may alter these conditions of entry at any time by notifying parents/guardians in writing. Alterations will apply from the date of notice.