



ST PATRICK'S COLLEGE PARENT AND STUDENT AGREEMENT

Health and Safety Agreement

I, _____
 (Student Name)

For the duration of my enrolment and while participating in St Patrick's College classes, excursions, camps/retreats, events, functions, break periods and other activities, both on and off campus, agree at all times:

- Take reasonable care for my own health and safety and not engage in any behaviour or activity that may endanger my health and safety;
- Take reasonable care for the health and safety of my classmates, teachers and others and not engage in any behaviour or activity that may endanger the health and safety of another;
- Promptly comply with all instructions and directions given by teachers and other employees of St Patrick's College;
- Report any injury I sustain during class or any other activity, regardless of how small, to the teacher immediately; and
- Follow and adhere to all safety rules and regulations.

Further, when participating in practical subjects in the areas of Science, Health and Physical Education, Material Design and Technology, Food, Textiles, Catering and Vocational Education and Training, I agree to at all times:

- Wear appropriate and required safety clothing and protective equipment;
- Only use equipment, tools and materials that I have the permission of the teacher to use;
- Only use equipment and tools and materials that I am able to use safely, having received instruction;
- Ask the teacher for assistance if I am in any doubt about how to use a tool, piece of equipment or material safely; and
- Report any broken or faulty equipment and tools as well as other hazards (things that could cause injury or illness) to the teacher immediately.

I understand that if I fail to adhere to any part of this Agreement, any of the following consequences may apply, depending upon the deemed severity of my breach:

- Detention
- Conference with parents
- Temporary removal from the subject
- Permanent removal from the subject
- Suspension from the College
- Expulsion from the College

Student Name (please print)		
Student Signature		
Parent(s)/Guardian(s) Name (please print)		
Parent(s)/Guardian(s) Signature		
Date		

Enrolment Agreement

I/we understand, acknowledge and agree that, should the College accept my/our enrolment application that I/we, jointly and severally, have entered into a binding contract with the College and will be required to comply with all terms and conditions available at the time of submitting the application. As such:

1. I/We agree to support Tasmanian Catholic Education Commission, system and school policies in relation to program of studies, sport, pastoral care, school uniform, discipline and the general operation of the school.
2. If this enrolment application is successful I/we agree to honour the financial commitments required by the school in accordance with the Schedule of Fees and Charges and the terms and conditions.
3. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment and I/we agree to notify the School of any change in the information requested by this form, e.g. change of address or new court orders.
4. The School or College is conducted in accordance with the teachings, doctrines, beliefs, tenets and principles of the Catholic Church. I/We and the student acknowledge and accept that the College has an obligation to teach the doctrines, beliefs, tenets and principles of the Catholic Church and will continue to support that obligation while the student remains enrolled in Tasmanian Catholic schooling.
5. I/we, via the formal enrolment application, have given permission or withdrawn permission for the student to attend minor excursions in accordance with College policy without my further consent. I/we understand that any consent given can be withdrawn at any time by notifying the College in writing and that additional consent will be required for major excursions.
6. In the event of an incident, emergency, accident, injury or serious illness, if I/we cannot be contacted or it is reasonable to do so without contacting me/us in advance, I/we give permission for the Principal (or their representative) to seek medical attention for my/our child as required. This may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle. I/We accept that I/we will be liable for all associated costs.
7. I/We have read all of the information in the enrolment package including this form and understand the Tasmanian Catholic Education Commission, system and school policies that we will need to abide by should this enrolment application be successful. I/We understand that this is an ongoing commitment and non support of these policies may be cause for discontinuation of enrolment. I/We have read the Personal Information Collection Notice about the collection and management of the personal information contained in this form. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

Parent(s)/Guardian(s) Name (please print)		
Parent(s)/Guardian(s) Signature		
Student Name (please print)		
Date		