



ESTABLISHED 1930

# ST AUGUSTINE'S COLLEGE CONFIRMATION OF ENROLMENT

ROMAN CATHOLIC TRUST CORPORATION FOR THE DIOCESE OF CAIRNS  
TRADING AS ST AUGUSTINE'S COLLEGE. CRICOS PROVIDER CODE 00509D

Student's Full Name

Commencement Year Level

Term

Year

## GIRL BOARDER STATUS

☐

Full-time Boarder

☐

Weekly Boarder

## CHECKLISTS

Please note failure to disclose relevant information may result in the enrolment not proceeding or reviewed.

## PLEASE COMPLETE AND SIGN FOLLOWING

☐

Information for College Health & Wellbeing Centre

☐

Emergency Contact Person Form

☐

Conditions of Enrolment

☐

Revision of Financial Obligations Form

☐

Media and Communications Consent Form

☐

Digital Network Acceptable Use Policy

☐

Immunisation Record from Medicare

☐

Mobile Device Acceptable Use Guidelines

☐

Agreement – Appendix 1

☐

Permission to Administer Medication

## FINANCIAL DOCUMENTATION

☐

School Fees Payment Plan Form

Parent/Legal Guardian/Caregiver 1

Signature

Date

Parent/Legal Guardian/Caregiver 2

Signature

Date

OFFICE USE ONLY Receipt No.

Date

Student Code

Entered:

eMinerva

Initial

Finance

Initial

Boarding



## ST AUGUSTINE'S COLLEGE ACCEPTANCE OF ENROLMENT

Student's Full Name

Commencing Year Level

Parent/Legal Guardian/Caregiver 1

Parent/Legal Guardian/Caregiver 2

Residential Address

Residential Address

Postal Address (if different)

Postal Address (if different)

Home

Work

Home

Work

Mobile

Mobile

Email

Email

Please read and tick statements below

- ☐ I/We are pleased to accept the Offer of Enrolment for our child and understand that payment of the confirmation of enrolment fee and \$500 boarding bond is required to complete this acceptance. Total of \$700.
- ☐ I/We understand that this Offer of Enrolment is based on the information supplied in the enrolment application form and subsequent interview. I/We acknowledge that if any misleading information or omission of significant, relevant documentation in relation to this enrolment is discovered after acceptance is offered and accepted, will jeopardise the ongoing enrolment of the student at the discretion of the College Principal.
- I/We understand the financial obligation in relation to our child at St Augustine's College and commit to paying fees in full as they fall due.

Parent/Legal Guardian/Caregiver 1 Signature

Parent/Legal Guardian/Caregiver 2 Signature

**All documents and the confirmation of enrolment fee must be completed by**

Failure to return documentation and make payment by this date may see your daughter's position offered to a student on our waiting list.

# INFORMATION FOR COLLEGE HEALTH & WELLBEING CENTRE

The information supplied on this form will be used only for the medical care of students.

Student's Full Name

DOB

Please provide Medicare details for your child

Medicare Card Number

Child's Position

Expiry Date

Does your child have any of the following conditions?

ADHD

☐

Cardiac Condition

☐

Allergies Food

☐

Deafness

☐

Allergies Medication

☐

Diabetes

☐

Allergies Other

☐

Epilepsy

☐

Asperger's Syndrome

☐

Skin Conditions

☐

Asthma

☐

Vision Impaired

☐

Autism

☐

Other Conditions

☐

Blood Disorder

☐

Details of any other conditions

Swimming ability (please tick one)

☐

Non-swimmer

☐

Intermediate

☐

Beginner

☐

Advanced

Allergy details

Treatment required

Will your daughter require any medication to be administered by a member of the College staff while she is at school, or on a school activity?

Yes ☐

No ☐

If Yes, please provide details

Please list any infectious diseases she has had

Has she any physical impairment?

## RELEVANT PREVIOUS HISTORY

The College has a responsibility to assess and manage any risk of harm to its staff and students. To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students, or staff at this school?

Yes ☐ No ☐

If "Yes" please provide a brief history of student's medical or other history which might pose a risk of any type to the student, other students, or staff at this school.

Please provide contact details of health professionals and other relevant bodies that have knowledge of these issues.

Has the student any past history of violent behaviour? Yes ☐ No ☐

If "Yes", please provide details.

Did this involve being suspended or expelled from any previous school, pre-school, or other educational institution?

Yes ☐ No ☐ If Yes, was this for (please tick)

- ☐ Actual violence to any person?
- ☐ Illegal drugs?
- ☐ Possession of weapon or any item used to cause injury?
- ☐ Threats of violence or intimidation of staff, students, or others at the school?

Are you aware of any other incidents of the kind listed above that involved the student outside of the school setting?

Yes ☐ No ☐

If "Yes", provide a brief outline of these matters.

If the student is enrolled, it is essential that the College has all information about the needs of a student in order to make REASONABLE ADJUSTMENTS to meet those needs. The College MUST be advised promptly of any changes to the needs of the student. The College will regularly assess its ability to provide adequate services for these needs.

Parent/Legal Guardian/Caregiver 1 Signature

Parent/Legal Guardian/Caregiver 2 Signature

Date

## CONDITIONS OF ENROLMENT

St Augustine's is a College built on co-operation, friendliness and integrity where all concerned (students, staff, parents, and priests) take an active part in the College and work together to provide the best possible education. Parents who wish their children to be educated at this College are asked to read and sign the following as an affirmation of their acceptance and support of College expectations.

- St Augustine's is a Catholic School in which education in faith has a privileged place along with the pursuit of excellence in academic and cultural education. All students take part in religious education programs. The College also provides other opportunities for its students to express and deepen their faith at Masses and in other sacraments, in prayer, in Christian service and witness, and in the entire College environment and atmosphere. Ideally, the work of the College in this regard acts as a support to that which is happening in the home.
- Politeness and respect for others, College property and facilities are an essential part of College life.
- While travelling, students are to be polite and well-mannered.
- College expectations apply from the time a student leaves home until he arrives home again. During this time, the consumption and/or possession of cigarettes, alcohol and illegal drugs, or the use of illegal weapons is forbidden.
- Whilst under College authority, all students are expected to maintain a high standard of self-discipline and to conduct themselves in a well-behaved manner in accordance with the Code of Student Behaviour outlined in the *Student Diary*.
- Punctuality and regular attendance at the College and all lessons are essential. Attendance at times prescribed by the College is expected.
- The extra-curricular activities are a necessary part of the College's program. Students are enrolled on the understanding that they join in sports, retreats, camps, excursions and similar activities as required or requested.
- Students who have the ability and talent to represent the College in sport, debating and other cultural activities are expected to share these as one way of building up the College spirit.
- Full College uniform is to be worn as designated and grooming should be in keeping with College regulations, even when students are travelling to and from the College.
- The College is a non-profit organisation where expenses are shared by all parents, and so all are required to pay fees promptly at the beginning of each term. Year 12 will not be issued with an account in Term 4 (except for boarding fees). Confidential concessions may be arranged with the Principal in particularly difficult circumstances.
- The Senior Leadership Team of St Augustine's College reserves the right to inspect students' lockers, bags or personal belongings if there is reasonable cause to believe that the safety and wellbeing of other students is threatened.
- I/We give permission for the College to bank into its Book Loan Account the annual cheque from the Queensland Government for the purpose of Textbook Allowance for as long as my/our child remains a student of the College.
- I/We give permission for my/our daughter's National Literacy and Numeracy (NAPLAN) test results, relevant literacy and numeracy diagnostic testing, Learning Support files and any other specialist information that will support my/our child in his education at St Augustine's College to be passed on from the primary/secondary school my/our child is currently attending.
- I/We authorise the College, in case of serious accident or emergency, and only when unable to make contact with me/us in reasonable time, to take whatever decisions it judges best for the health or medical treatment of my/our child.
- I/We are not aware of any outstanding fees or charges in relation to the student that I/we are responsible for at another Catholic school.
- I/We understand that if any misleading information has been provided, or any omission of significant, relevant information, acceptance will not be granted, or if discovered after acceptance is offered and accepted, will jeopardise the ongoing enrolment of the student at the discretion of the College Principal.

**I have read the above and agree with the conditions of enrolment stated.**

Parent/Legal Guardian/Caregiver 1

Signature

Date

Parent/Legal Guardian/Caregiver 2

Signature

Date

**STUDENT UNDERTAKING** – I have read the above requirements of me as a student at St Augustine's College and undertake to maintain my commitment to these guidelines as stated by the College.

Student name

Student Signature

Date



# ST AUGUSTINE'S COLLEGE

## ADDITIONAL CONTACT PERSON FORM

Additional Contact Person details in the context of this form refers to any person nominated by the Parent/Legal Guardian(s) on the basis of having **financial responsibility**, providing some degree of **care** or acting as an **emergency contact** for the student.

### Student Details

Legal First Name:

Legal Surname:

Date of Birth:

CES Student ID (if known):

### Additional Contact Person's Details

Title:

- ☐ Mr    ☐ Mrs    ☐ Miss  
☐ Ms    ☐ Dr    ☐ Fr  
☐ Sr    ☐ Br    ☐ Rev    ☐ Prof

Gender:

- ☐ Male    ☐ Female

Legal Surname:

Legal First Name:

Other Given Name(s):

Preferred Surname:

Preferred First Name:

Date of Birth:

Residential Address

- ☐ Same as Parent/Legal Guardian/Caregiver 1  
☐ Same as Parent/Legal Guardian/Caregiver 2

Postal/Correspondence Address

- ☐ Same as Residential address

Billing Address (if required)

- ☐ Same as Residential address  
☐ Same as Postal/Correspondence Address

Street Address:

Postal Address:

Postal Address:

Suburb/Town:

Suburb/Town:

Suburb/Town:

State:

Postcode:

State:

Postcode:

State:

Postcode:

Country (if not Australia):

Country (if not Australia):

Country (if not Australia):

Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Order

Indicate best contact order

☐

Silent

Is this number silent? Y/N

☐

Contact Method Type

Work Telephone Number:

Work Mobile Telephone Number:

Order

Indicate best contact order

☐

Silent

Is this number silent? Y/N

☐

Email may be used for billing purposes ☐ Yes ☐ No

**What is the relationship of this person to the student?** (Tick one (1) only)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Mother           | <input type="checkbox"/> Home Stay Sister  | <input type="checkbox"/> Sister        | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Father           | <input type="checkbox"/> Home Stay Brother | <input type="checkbox"/> Brother       | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Step Mother      | <input type="checkbox"/> Aunt              | <input type="checkbox"/> Half Sister   | <input type="checkbox"/> Care Provider                                  |
| <input type="checkbox"/> Step Father      | <input type="checkbox"/> Uncle             | <input type="checkbox"/> Half Brother  | <input type="checkbox"/> Counsellor/Social Worker                       |
| <input type="checkbox"/> Foster Mother    | <input type="checkbox"/> Niece             | <input type="checkbox"/> Step Sister   | <input type="checkbox"/> Agent  |
| <input type="checkbox"/> Foster Father    | <input type="checkbox"/> Nephew            | <input type="checkbox"/> Step Brother  | <input type="checkbox"/> Reg. Exchange Org                              |
| <input type="checkbox"/> Grandmother      | <input type="checkbox"/> Cousin            | <input type="checkbox"/> Foster Sister | <input type="checkbox"/> Foster Brother                                 |
| <input type="checkbox"/> Grandfather      | <input type="checkbox"/> Friend            |  |   |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor            |  |   |

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

**Emergency Contact:**

- ☐ Yes. Indicate the priority in which this person is to be contacted (e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.)
- ☐ No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.



- ☐ Yes ☐ No

**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- ☐ Yes ☐ No

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

**Report Cards/Progress Reports:**

- ☐ Yes ☐ No

**Newsletters:**

- ☐ Yes ☐ No

**Invitations:**

- ☐ Yes ☐ No

**School Portal Access:**

- ☐ Yes ☐ No

**Does this person reside with the student?**

- ☐ Yes ☐ No

**Does this person require the assistance of an interpreter?**

- ☐ Yes ☐ No

**SIGNATURE** of Parent or Legal Guardian 1

**PRINT NAME** of Parent or Legal Guardian 1

**RELATIONSHIP** to Student

**DATE SIGNED**

**SIGNATURE** of Parent or Legal Guardian 2

**PRINT NAME** of Parent or Legal Guardian 2

**RELATIONSHIP** to Student

**DATE SIGNED**



## ST AUGUSTINE'S COLLEGE MEDIA & COMMUNICATIONS CONSENT FORM

### PHOTOGRAPHIC, VIDEO, AUDIO, COMMUNICATION CONSENT & RELEASE

#### What is this consent form for?

Catholic Education Services, Cairns schools collect digital, photographic and multimedia images of students for a wide range of reasons, such as:

- student participation at school and in school events;
- celebrating student achievements; and,
- promotion of an individual school, and/or Catholic Education Services and/or our associated entities.

These images are considered “personal information” of students. *The Privacy Act 1988* (Cth) and the CES Privacy Policy regulates how CES schools collect, use and disclose the personal information of students and families.

CES's Privacy Policy can be found on the CES website ([www.cns.catholic.edu.au/privacy](http://www.cns.catholic.edu.au/privacy)). Media access is managed and supervised by CES and schools.

- The school and CES have the right to refuse media access where it would, in the opinion of the Principal and CES, interfere with the student's well-being or with the operation of the school;
- Media access to CES facilities is entirely at the discretion of CES; and
- Media access to students will be managed by representatives of the school and CES.

CES schools require informed consent from parents/legal guardians and in some cases students, to use their images. The following consent form outlines various consent permissions.

#### Who should sign the consent form?

The student's parents/legal guardians should sign (by submitting an electronic response) the form. If the student is legally an adult (18 years of age or over), they should also submit (in paper form) a signed copy of the form. Please contact the school to arrange this, if necessary. This ensures that the student is aware consent has been given or withheld.

Regardless of the consent type provided, parents/legal guardians should inform the student of their decision in an age-appropriate manner.

While the school and CES will make all reasonable efforts to ensure that only appropriately authorised persons complete the consent form and respond to the authorisation section, CES will not be responsible for circumstances in which it is misled as to the identity and authority of that person.

**You must choose one type of consent from the options listed.**



## What happens once consent form has been completed?

The consent form will become part of the student's electronic record and retained by the school on behalf copy of the form will be made available to the student and/or the student's parents/legal guardians.

You may, at any time, amend the consent you provide by contacting the school and completing a new form. Should you require any further information, please contact your school's Principal.

This form is managed by CES's Communications and Marketing office. For further information, please contact:

Communications Officer  
Catholic Education Services  
07 4050 9700

## Consent Types and Selection

These fields are for the parents/students to complete when making their response.

### Photographic, video, audio, communication consent and release

You are asked to choose one type of consent from the two options outlined below:



#### **Public** (broad consent)

The student / I, may be photographed, videoed or recorded, for use in media including:

- social platforms such as Facebook, Twitter, Instagram, etc
- public websites
- either school, CES or other associated entities
- that are not password protected. Published material may include:
  - public newsletters
  - performances
  - events
- public publications and promotional material
- public media events that may include:
  - student's selection in regional, state or national teams
  - visits made by VIPs to the school
  - news outlet's visits
  - publicity for the school and its events
  - participation in musical or dramatic performances or participation in community events such as ANZAC day commemorations.

By choosing this option, I authorise the school and CES to take and use any photographs, video or sound recordings of the student/me and any other reproductions or adaptations of the student's/my likeness or the student's/my work ('the material'), or the student's/my name, either in full or part, in any school, CES authorised or associated publication, production and presentation, which may include publication on public websites operated by the school, CES or associated entities (with or without password protection), social media.



#### **None** (no consent)

The student / I, will not be photographed, videoed or recorded. They / I:

- will not be photographed for formal school, class or individual photos
- will be asked to stand aside for photography, videoing and recording of performances and/or events.

I acknowledge that my child / I will not be photographed, videoed or recorded in any circumstance, other than student ID photo.

Student's Legal Name

Student's Date of Birth

Student's Signature

Date

If the student is under 18, both Parents/Legal Guardian/s are required to sign this consent form. If this is not possible due to extenuating circumstances, please discuss with the Principal.

Parent/Legal Guardian/Caregiver 1

Parent/Legal Guardian/Caregiver 2

Signature

Signature

Address

Address

Postcode

Postcode

Any personal information will be sorted, used and disclosed in accordance with the requirements of the Privacy Amendment Act 2001 (*Commonwealth*).



# ST AUGUSTINE'S COLLEGE FINANCIAL OBLIGATIONS FORM

## FINANCIAL TERMS

This form is to be used when Account Holder financial arrangements change. School fees and charges are set and published by the school/college each year. Statements are sent to the nominated Account Holder(s).

This section records my/our financial obligations arising from my/our child's enrolment and attendance at the School.








1. I/we agree to pay, as a debt due and owing to the School, school fees, levies and building fund contributions invoiced by the School to me/us at the prevailing rates set by the School from time to time. This is a fundamental term of this agreement and a condition of continuing enrolment at the school (subject to Clause 4).
2. A further fundamental term of this agreement is that I/we agree to pay school fees and accounts at previous diocesan schools in full, or negotiate satisfactory alternative arrangements. I/we accept that the Principal will seek a clearance from previous diocesan schools attended by my/our child.
3. Except where a direct debit facility acceptable to the School is in place, I/we will pay the school fees, levies and building fund contributions within 14 days from the date of the School's invoice.
4. I/we am aware the school may provide fee remissions for families in genuine financial hardship.
5. I/we acknowledge that inability to meet financial obligations will require a personal interview with the Principal or nominee.
6. Should my/our child exit the School part way through a term, the refund of fees and charges will be at the discretion of the School.
7. I/we acknowledge that, should financial obligations in the Enrolment Agreement not be met, School academic reports may be withheld and the enrolment status may be reviewed.
8. If any payment is not made by the due date, the School will be entitled, in its absolute discretion, to charge interest on the overdue balance at the rate of 10% per annum from the due date of the School's invoice to the date of payment. Interest will:
  - (a) accrue from day-to-day;
  - (b) be calculated from the due date for payment of the invoice until payment; and
  - (c) be calculated using a simple interest method.
9. I/we acknowledge that my/our obligation to pay school fees, levies and building fund contributions is without deduction, set-off or counterclaim.
10. In the event that the School takes legal action (including court action) to recover school fees, levies or building fund contributions, I/we agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the School.
11. I/we acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I/we submit to the non-exclusive jurisdiction of courts at Cairns, Queensland and waive any right I/we may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
12. By signing this agreement, I/we consent and agree to the School:
  - a) accessing and using information about my/our credit worthiness from a credit reporting agency in order to assess my/our application for enrolment;
  - b) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
  - c) in the event of non-payment of school fees, levies and building fund contributions, entering my/our name with and disclosing my personal information to a credit reporting agency to record the overdue payment, and I/we release and discharge the School from any liability or claim arising out of or in connection with any such dealings with a credit reporting agency.
13. I/we acknowledge that the School has informed me/us that my/our personal information may be disclosed to a credit reporting agency.

## FINANCIAL AGREEMENT

By choosing and accepting **one** of the financial arrangement options below, the account holders:

- agree to be account holder(s) and accept financial responsibility for the school fees, levies and charges incurred for the enrolment of (Student Name)
- agree that this arrangement is to be in place from DD / MM / YYYY and will apply to the fees, levies and charges incurred from this date until the conclusion of his/her enrolment at the school/college or until a new financial arrangement is made in writing.
- have read and accept the Financial Terms
- undertake to pay school fees, levies and charges by the due date and understand that it is the responsibility of each account holder to approach the school to discuss payment options should difficulties arise meeting this obligation
- understand that as an account holder, additional details are to be provided on an Additional Contact Person Form or as a Related Person in the Revision of Information Supplied Form for the student (as a Parent/Legal Guardian/Caregiver).

## 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)  Where two parties, e.g. a mother <u>and</u> father, assume joint financial responsibility for 100% of the account.  Both account holders will receive an individual fee statement to nominated email address</i>		<b>% of Fees, Levies and Charges</b>
Account Holder 1 Full Name:		<b>100%</b>
Acceptance:	Account Holder 1 Signature 	
Date Signed:		
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature 	
Date Signed:		
<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:		
<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:		
Account Holder 2 Full Name:		___ %
Acceptance:	Account Holder 2 Signature 	
Date Signed:		
Account Holder 3 Full Name:		___ %
Acceptance:	Account Holder 3 Signature 	
Date Signed:	—	
Account Holder 4 Full Name:		___ %
Acceptance:	Account Holder 4 Signature 	
Date Signed:		
<b>Total (must equal 100%)</b>		<b>100 %</b>



# ST AUGUSTINE'S COLLEGE

## 2025 SCHEDULE OF FEES & CHARGES

AUSTRALIAN/NEW ZEALAND CITIZENS – THE FOLLOWING FEES DO NOT APPLY TO OVERSEAS STUDENTS

### ENROLMENT FEES

Enrolment Application Fee (non-refundable)	\$100.00
Day School Enrolment Acceptance Fee (non-refundable)	\$200.00
Boarder Enrolment Confirmation Deposit *Payable by all boarders upon acceptance of a place in Boarding	\$500.00

### FEES & CHARGES PER STUDENT

PER YEAR

PER TERM

#### DAY SCHOOL FEES - YEAR 7

Tuition Fee	3,026.00	756.50
College Resource Fee	2,646.00	661.50
Building Fund Levy	1,086.00	271.50
Parents & Friends Levy	248.00	62.00
IT Levy	450.00	112.50
	<b>\$7,456.00</b>	<b>\$1,864.00</b>

#### DAY SCHOOL FEES - YEAR 8

Tuition Fee	3,026.00	756.50
College Resource Fee	2,646.00	661.50
Building Fund Levy	1,086.00	271.50
Parents & Friends Levy	248.00	62.00
IT Levy	450.00	112.50
	<b>\$7,456.00</b>	<b>\$1,864.00</b>

#### DAY SCHOOL FEES - YEAR 9

Tuition Fee	3,026.00	756.50
College Resource Fee	2,646.00	661.50
Building Fund Levy	1,086.00	271.50
Parents & Friends Levy	248.00	62.00
IT Levy	323.00	80.75
	<b>\$7,329.00</b>	<b>\$1,832.25</b>

#### DAY SCHOOL FEES - YEAR 10

Tuition Fee	3,716.00	929.00
College Resource Fee	2,646.00	661.50
Building Fund Levy	1,086.00	271.50
Parents & Friends Levy	248.00	62.00
IT Levy	423.00	105.75
	<b>\$8,119.00</b>	<b>\$2,029.75</b>

#### DAY SCHOOL FEES - YEAR 11

Tuition Fee	3,716.00	929.00
College Resource Fee	2,646.00	661.50
Building Fund Levy	1,086.00	271.50
Parents & Friends Levy	248.00	62.00
IT Levy	450.00	112.50
	<b>\$8,146.00</b>	<b>\$2,036.50</b>

#### DAY SCHOOL FEES - YEAR 12 (Billed over Terms 1, 2 & 3 only)

Tuition Fee	3,716.00	1,238.67
College Resource Fee	2,646.00	882.00
Building Fund Levy	1,086.00	362.00
Parents & Friends Levy	248.00	82.67
IT Levy	450.00	150.00
	<b>\$8,146.00</b>	<b>\$2,715.33</b>

#### BOARDING FEES BOYS & GIRLS (GST INCLUSIVE) - not including day school fees

Weekly Boarder	<b>\$20,444.00</b>	<b>\$5,111.00</b>
Full Time Boarder	<b>\$25,090.00</b>	<b>\$6,272.50</b>

#### PLEASE NOTE:

- FAMILY DISCOUNT:** The family discount applies to families that have other children attending Catholic Schools in the Cairns Diocese. **DISCOUNTS WILL NOT BE BACKDATED.**
- BUILDING FUND and P&F LEVY:** These are Compulsory Levies that are charged per family. The levies are NOT shared between other Catholic Schools and Colleges.
- TUITION FEES:** This does not include optional activities including but not limited to: Music Tuition, Elective Wednesday and Representative Sports and Optional Holiday Tours (e.g. Japan, NZ, Europe).
- YEAR 12 FEES:** are billed over three terms as indicated above.



## ST AUGUSTINE'S COLLEGE DIRECT DEBIT FORM

### FEE PAYMENT PROCESS

Beginning in February, school fee accounts will be emailed to families each term. The accounts also indicate any changes to the instalment amount needed to clear the balance by 30 November.

All families are to pay their total fee balance by one of the following options:

- > the entire term balance within 14 days of the date of the invoice or;
- > weekly, fortnightly, monthly or quarterly instalments commencing February and ending 30 November.

**It is a condition of enrolment at the College that all fees are paid by Direct Debit or Credit/Debit Card/BPAY.**

A *Direct Debit form* is provided to each family with the College's *Confirmation of Enrolment Package*. Even if a family indicate they will pay their fees by the due date each term, a *Direct Debit form* still needs to be completed.

The *Direct Debit form* is returned to the College Registrar with the confirmation of enrolment forms. This form provides the College with the authority to modify the instalment amount, in line with changing fee levels and extra charges, to ensure the balance is cleared by 30 November each year.

Where a fee instalment has declined, families will be contacted by the Finance Office. Payment declines usually result in a fee being charged to the family (and the College) by their banking institution. Families are welcome to make up this missed payment with a one-off Bpay transfer. It is essential that the primary payment instalments continue.

It is each family's responsibility to ensure funds are available in their nominated bank accounts on the dates notified in this policy each year to prevent payment declines occurring when the Finance Office processes these instalments.

#### PLEASE NOTE:

- 2026 Fees will be published in November 2025. The attached Schedule of Fees is an estimate.
- Families on Concession Cards must contact the College Finance office directly at the beginning of each school year.

### DIRECT DEBIT PROCESSING DATES

#### 2025 WEEKLY PROCESSING DATES – THURSDAY

From 23 January to 27 November 2025 (45 weeks)

#### 2025 FORTNIGHTLY PROCESSING DATES - FRIDAY

February	7 February	21 February	
March	7 March	21 March	
April	4 April	18 April	
May	2 May	16 May	30 May
June	13 June	27 June	
July	11 July	25 July	
August	8 August	22 August	
September	5 September	19 September	
October	3 October	17 October	31 October
November	14 November	28 November	

#### 2025 MONTHLY PROCESSING DATES

February	21 February
March	21 March
April	21 April
May	21 May
June	21 June
July	21 July
August	21 August
September	21 September
October	21 October
November	21 November

#### 2025 QUARTERLY PROCESSING DATES

February	24 February
May	24 June
August	24 August
November	24 November



## ST AUGUSTINE'S COLLEGE DIRECT DEBIT FORM

New request ☐

Alteration ☐

As at / /

Family Account No (School Use Only) 977

Authority No (CDF Use Only)

### FAMILY DETAILS

Parent/Guardian one name

Parent/Guardian two name

Student full name

Year level

Student full name

Year level

### PAYMENT ARRANGEMENT

Please nominate **ONE** of the following payment options:

Payment in full at the start of each year ☐

Payment in full each term on invoice ☐

Payment via a direct debit ☐

**For direct debit payments:** Please choose a frequency, nominate an amount & commencement date below:

A regular QUARTERLY amount of \$

A regular FORTNIGHTLY amount of \$

A regular MONTHLY amount of \$

A regular WEEKLY amount of \$

Commencement Date

/ /

Required for weekly, fortnightly, monthly or quarterly payments.

Please refer to dates listed on Page 1 to choose your commencement date.

#### PLEASE NOTE – DIRECT DEBIT PAYMENTS

- Minimum payment amount is estimated at \$181 per week or \$362 per fortnight per student over 45 weeks for a day student. \$738 per week for a full time boarding student.
- A Direct Debit Request will remain current until notified with a cancellation form by the customer.
- Please complete the bank account details on the following page.

*I/We will pay our school fees in full each term within 14 days of the statement issue date.  
All fees will be paid in full by 30 November each year.*

Parent/Guardian one signature

Parent/Guardian two signature

Date

Date

#### PLEASE NOTE

- For Direct Debit requests please complete your financial institution details on the next page.

## DETAILS OF FINANCIAL INSTITUTION



Catholic Development Fund  
130 Lake Street, Cairns 4870  
PO Box 625, Cairns 4870

Request and authority to debit the account named below to pay Roman Catholic Trust Corporation.

## REQUEST AND AUTHORITY TO DEBIT

Account Code #977

Surname or Company name

Given names or ACN/ARBN ("you")

Request and authorise Roman Catholic Trust Corporation Debit User ID 148020 to arrange for any amount Roman Catholic Trust Corporation may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions below).

Financial Institution name

Address

Name of account (to be debited)

BSB number

Account number

## ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Roman Catholic Trust Corporation, as set out in this Request and in your Direct Debit Request Service Agreement.

Parent/Guardian name

Parent/Guardian signature

Date

Address





## ST AUGUSTINE'S COLLEGE DIGITAL NETWORK ACCEPTABLE USE POLICY

St Augustine's College embraces emerging digital technologies and encourages its teachers and students to look for ways of using them to enhance teaching and learning. The availability and appropriate use of these resources provide opportunities that can help students develop spiritually, academically, socially and physically. Their inappropriate use can be detrimental to the teaching/learning process, anti-social, and even harmful.

St Augustine's College provides students with the opportunity to use computers and other digital devices\* and gives students rights to use and access services on the College's digital network. The College expects students to act responsibly and respectfully. Students are expected to conduct themselves appropriately when they use, access information, and communicate over the digital network. Before students are given access rights, they will need to agree to a number of conditions, which are outlined below.

### DIGITAL DEVICES AND NETWORK FACILITIES USE

The College provides students with access to computers, other digital devices and the College's digital network to further develop their learning. It is essential therefore that all computers and other digital devices are kept in good working order at all times. Students are expected to take care and full responsibility of computers and digital equipment made available for their use. This includes all cables and attachments such as mice and keyboards.

#### Security

For security reasons we expect students to keep passwords and network login details private. Students need to keep all drives and files secure and prevent others from accessing their work without permission. Students must respect the rights and privacy of others and on no occasion access or attempt to access another person's network account through their password and login, or through unacceptable or illegal means: e.g. hacking.

#### Storage

Students are responsible for managing data stored in the cloud based MSO365. They must use this only for the storage of educational material. Under no circumstances are students allowed to download, introduce or store any software applications/games on their laptop. The College will clear all student email storage at the end of each school year. Students will be given a reminder of this at the time. As a backup, students may use devices such as USB memory devices to transfer educational tasks between the College and their home. It is not acceptable for students to bring any files that are not part of their studies and store these on the laptops. Students are also responsible for ensuring that all data is free of viruses.

#### Internet

Internet access is provided to students for educational purposes only. In addition, the College provides access to quality online information sources via the College extranet such as databases, encyclopedias etc. Access to the Internet via the College's facilities may not be used to browse, download or distribute material, which is of an anti-social nature, pornographic, violent, illegal, racist, destructive, demeaning or denigrating of others or which encourages this. Students must respect laws and other people's rights, including copyright laws and antidiscrimination laws. All use of the Internet is tracked and recorded by an Internet filtering program which the Deputy Principal and authorised staff regularly monitor. Inappropriate use of the Internet will result in disciplinary action.

#### Copyright

Students are expected to use the software the College has provided for them, and not to make or use illegal copies of software programs. Any information retrieved from the Internet or other network sources should be acknowledged or cited in the work and where necessary the author's permission obtained for usage.

### Network Printing, Photocopying and Scanning

The College provides network printers for student use at the College. Each student is given a generous print allocation each term. The ability to print, photocopy or scan is automatically suspended when a student exceeds his print allocation. Students can purchase additional print allocations if required. All documents or other material printed on College network printers is recorded and can be reviewed by authorised staff.

## DIGITAL COMMUNICATIONS

### Code of Conduct

All communications that a student makes over the network should be in keeping with the College Rules and Expectations as set out in the *Student Diary*. When a student uses digital communications such as email, their behaviour should be in keeping with acceptable College behaviour. Undesirable behaviour includes denigration of others, **students and staff**, swearing and harassment.

### Chat, Email, Social Networking, VOIP and Video Conferencing

Use of chat, email, social networking sites, VOIP and video conferencing is permitted when using College approved avenues of digital communication and at times approved by the College. The inappropriate use of these digital means of communication or use of unapproved avenues of digital communication is explicitly denied and no attempts should be made to bypass any of the Internet filters which control this activity. Students who have been given access to College approved digital communications can use these specifically to communicate with other students, teachers or experts in relation to learning. Any other use of these facilities may lead to the student losing access to College digital communications or further disciplinary action in detention, suspension, exclusion, liability for damages and/or potential legal action.

## PERSONAL COMPUTERS AND DIGITAL DEVICES

### Appropriate Use of Devices

1. It is a matter for each teacher or boarding supervisor to indicate to students which devices may or may not be used at specific times and places, and in which ways they may or may not be used. Students should not presume the right to use a particular device in any circumstance.
2. Students are responsible for the security of their own devices. Staff will indicate to students the ways in which devices may be secured at the College, and it is up to each student to ensure this happens. The College takes no responsibility for damage or theft of students' devices who have not taken advantage of these means.
3. Students should use devices for positive purposes: for learning, for legitimate communication, and for relaxation in acceptable ways. Devices must not be used to harass or victimise other students or staff, or to abuse a person's right to privacy (for example, taking, storing and then using a digital photo/video without a person's permission could be an invasion of privacy). There are no additional fees or charges that a student needs to pay to access electric power for a device or to gain access to the College network, as long as he is using the device in ways that are consistent with this policy.
4. During class and study time, the Internet may only be accessed through the College network. Students may not access the Internet through another account or means.

### Mobile Devices

The College does not encourage boys to bring mobile devices to school, but we do understand that in some circumstances this is a necessity. By allowing students to bring a mobile device to school, we assist in creating easier communication between parents and boys during travel to and from school.

It is the responsibility of students who bring mobile devices to school to abide by the guidelines outlined in this document.

When brought on campus mobile phones are to be free from inappropriate or offensive content.

**Devices are to be switched off and placed into the student's locker or bag upon entry onto the College grounds and left there without being used until they leave the College grounds.** Usage includes the sending and receiving of text messages or data. Students may use their device only with permission from a staff member and in the presence of that staff member.

**Boarding students** have no reason to bring a mobile device to school; phones and other electronic devices should be left in the boarding residence during the school day.

**Permission** should be sought from staff on duty to use phones while **students are waiting for buses or at student pick up locations**.

#### Sanctions

1. Students who use their mobile devices during school hours (without permission from a staff member) will have their device confiscated. The Head of Year will notify parents of the confiscation via an Edsmart Parent Slip. The student will need to collect the device from the Head of Year at the conclusion of the next school day.
2. If a student's device is confiscated on a second occasion, parents/carers will be required to collect the device from the Student Office.
3. Repeated infringements will result in the student issued with a Thursday afternoon detention, confiscation, and a parental meeting with the Head of Year.
4. Failure to follow procedures of **appropriate conduct** may result in an alleged incident being referred to the police for investigation. In such cases, parents/carers/Head of Residence would be notified immediately.

#### Storage Devices and Drives

1. Although the College uses cloud based MSO365, students are advised to have a USB memory stick or similar device available for their use at the College.
2. When brought on campus these devices are to be free from files that contain inappropriate games and/or offensive content.
3. Students are required to clearly label their USB stick or similar device with their name.

#### Computers

1. A laptop usage agreement is in place at the College which supports students in their learning. Refer to Laptop User Agreement.
2. Only College approved software to be installed. College laptops are to be free from inappropriate games and/or offensive content.
3. Students may access the College network from their laptop through wireless connection which is available in all areas of the College.

#### Other Devices

1. Devices whose primary purpose is recreational may be used only at times of recreation, and in ways that are permitted by the boarding supervisor.
2. When calculators are required for class use or assignments, teachers will advise students when and how they should be used and the type of calculator to use.

### PRIVACY AND MONITORING

Whilst access to the facilities is provided by way of a personal account, the College reserves the right to investigate student use of the facilities. The College will do this in such a manner as to respect a student's privacy.

The College reserves the right to monitor and inspect any device whether College property or personal property brought onto the College campus by a student. A staff member who has reasonable grounds to suspect a device is being used inappropriately or have inappropriate or offensive content has the right to confiscate the device. The staff member must inform the student's Head of Year and give the device into their care.

The Principal (or by delegation the Deputy Principal) reserves the right to inspect any confiscated device in the presence of the student. A student cannot restrict access to the device by not complying with the Principal's (or the delegated authority's) request. For example: refusing to inform the Principal of the required passwords.

The College reserves the right to suspend or terminate a student's access to the College network and to prohibit a student connecting to the College network with a personal device.

## PERSONAL RESPONSIBILITY FOR SECURITY

System security is the individual and collective responsibility of all members of the College. All suspected security violations will be treated seriously as they may threaten the provision of the College service.

Any student who suspects a security problem on the College digital network including the Internet should immediately notify a member of staff and not demonstrate the problem to others. Any student who believes their files have been tampered with should immediately contact their teacher with the specific details.

Students must never pass on their network login details or password to any other person. Likewise, students must never allow another user to use their account. Unattended workstations must always be left in the *Logged off* mode when the operator leaves their workstation.

The owner of a network account is responsible for any actions that occur while the account is being used. St Augustine's College expects all students to adhere to this policy but cannot accept responsibility for individual behaviour. Any student found breaching these rules may have his network account disabled and could be subject to further disciplinary action, detention, suspension, exclusion, liability for damages and or potential legal action. Financial compensation for any damage caused to the College computers or systems by students will be the responsibility of the student's parent/guardian.

I have read this form and understand the conditions of the *Digital Network Acceptable Use Policy*.

Student name

Student signature

Date

Parent/Legal Guardian/Carer name

Signature

Date

\* *Digital devices* relate to any personal electronic or digital device that could be used for communications or data storage and retrieval. This includes but is not exclusive of mobile phones, USB memory sticks, laptop computers, tablets and iPads, DVD players, and calculators.



# ST AUGUSTINE'S COLLEGE

## MOBILE DEVICE ACCEPTABLE USE GUIDELINES AGREEMENT

APPENDIX 1 : BOARDING STUDENTS

St Augustine's College has clear expectations concerning appropriate use of mobile phones, smart watches and electronic devices as outlined in the *Mobile Device Acceptable Use Guidelines* policy. For urgent contact with Boarding students during school or phone curfew times, parents may contact the Head of Residence, Director of Boarding or during school hours the College office.

### PARENT/CARER PERMISSION

Parents/carers may wish their son/daughter to have a mobile phone or other device at the College. If students choose to have a mobile phone or other device while in Boarding, they will need to sign the *Mobile Device Acceptable Use Guidelines Agreement* and adhere to the following guidelines that exist for sensible use. Failure to abide by these guidelines will result in the loss of this privilege and confiscation of the mobile device.

I (Parent/Carer name)

give (Student name)

Year

permission to have **ONE** mobile phone while residing in

(Residence name)

### STUDENT CONTRACT AGREEMENT

I/ we acknowledge that:

- Boarding students are not permitted to take a mobile phone to school unless they have prior authorisation from their Head of Residence (HOR). Mobile phones, smart watches and portable electronic devices are to stay in the Boarding residence during school hours under the direction and guidance of the Head of Residence (HOR).
- I accept that failure to comply with these requirements will result in the mobile device being confiscated and access withdrawn for a predetermined period.
- I am required to follow the respective Colleges' guidelines and expectations for the acceptable use and expectations of mobile phones, smart watches, and similar electronic devices.
- I cannot take my mobile phone out of the Boarding residence, or any other place that my supervisor deems inappropriate, unless authorised to do so. This may be dependent on my year level and the rules pertaining to my residence. Failure to follow staff direction and College guidelines will result in mobile devices being confiscated.
- I must hand in my mobile phone, smart watch and other portable devices to my supervisor as directed at the nominated times.
- If I change phones or phone number, I must notify my Head of Residence (HOR) and complete a new Boarding *Mobile Device Acceptable Use Guidelines Agreement* form.
- Limitations of times regarding use and access may vary depending on year levels and residence.
- Mobile/electronic devices are to be turned off at all other times including study, as directed by the supervisor.
- Mobile phones or other devices are not to be lent to any other person. Mobile devices are for the sole use of the owner.
- Mobile phones or other devices may be used for both texting and voice/FaceTime calls only during free time or nominated access times.
- ONE** mobile phone is permitted whilst residing at the College. Failure to do so will result in consequences/loss of privileges.
- Phones, smart watches and other devices collected by a staff member are stored in a secure location.
- The College is not responsible for phone security or accounts accrued.

- n) The College reserves the right to review and check the use of mobile phones or other devices by boarders and to confiscate phones used inappropriately.
- o) The use of wireless broadband USB and such devices allowing internet access for personal laptops or other electronic devices is not permitted. No gaming stations or computer devices are permitted within the College without prior authorisation.

I (Student name)  Year

acknowledge that I will abide by the *Mobile Device Acceptable Use Guidelines* and Appendix 1: Agreement as outlined above.

Student signature  Date

Mobile phone number  Brand of phone  IMEI No. (International Mobile Equipment Identity)

Description of mobile phone and case

Smart Watch  Brand  IMEI No. (International Mobile Equipment Identity)

Description of smart watch

Electronic device  Brand  IMEI No. (International Mobile Equipment Identity)

Description of electronic device

## PARENT/CARER AGREEMENT

I/We (Parent/Carer name)

have read and agree to the terms outlined above.

Parent/Carer signature  Date

## STAFF AUTHORISATION

Head of Residence approval Yes ☐ No ☐

Head of Residence name  Signature  Date

Reason for not approving request (if applicable)



# ST AUGUSTINE'S COLLEGE

## PERMISSION TO ADMINISTER MEDICATION

BOARDING STUDENTS

Student name

Year Level

Date of Birth

Residence

### PRESCRIPTION MEDICATION TO BE ADMINISTERED BY COLLEGE BOARDING STAFF

I hereby request that the College/Boarding staff administer the following medication to my child at school/boarding or during school/boarding related activities, as specified below.

**NOTE: All medications must be correctly labelled by a pharmacist.**

NAME OF MEDICATION	DOSAGE	STRENGTH	INDICATIONS FOR USE
	(EG ONE TABLET)	(EG 10MGs)	(EG INSTRUCTIONS FOR WHEN AND HOW THIS MEDICATION IS TO BE ADMINISTERED)

Additional information

I give permission for chemist requirements to be obtained through the pharmacy that supplies the College. I agree that these costs will be passed to me for payment. If hospitalisation is required, in the first instance students will be taken to the Cairns Hospital. If private treatment or ongoing treatment at a private medical specialist is preferred, I agree that this will be at my expense and directly payable by me to the private provider.

If Yes, please tick ☐

Parent/Carer Name

Parent/Carer Signature

Telephone number

Date

PRESCRIPTION MEDICINES TO BE RETURNED WITH COMPLETED FORM TO COLLEGE NURSE  
SEE PAGE 2 FOR OVER THE COUNTER MEDICATION PERMISSIONS TO BE COMPLETED



## OVER THE COUNTER MEDICATION TO BE ADMINISTERED BY COLLEGE BOARDING STAFF

I authorise the College/Boarding staff to administer the selected over-the-counter medication to my child during school, boarding, or related activities as deemed necessary by the College Nurse, Doctor or other trained staff member. Please tick those you consent to:

MEDICATION CATEGORY	INSTRUCTIONS	EXAMPLE (INC CHEMIST/GENERIC BRANDS)	CONSENT
Analgesics		Panadol, Paracetamol, Dymadon	
Anti-Inflammatory (NSAIDs)	NB: Precautions for some conditions noted	Nurofen, Raffin, Naproxen, Ponstan	
Antiviral Cream		Zovirax, Chemist brand cold sore cream	
Multi Vitamins	Need Doctor's script or pharmacy label for Iron/ferro tab	Vitamin A, B, C, D, E, Multi etc	
Antihistamine (non-sedating)	NB: Polaramine/Phenergan not used without script	Zyrtec, Claratyne, Alerius	
Cough Suppressants	Dry or Chesty syrup for cough	Bisolvon, Durotuss, Dimetapp	
Decongestants (cold & flu)	NB: no longer than 48 hours use	Codral, Sudafed, Durotuss, Demazin	
Antiseptics, Analgesics	Soothing sore throat	Strepsils Plus, Difflam, Butter Menthol, Soothers	
Topical Antibiotic/Antifungal	As per Doctor or RN instruction only	Bactroban, Clotrimoxazole antifungal cream	
Topical Creams & Lotions		Deep Heat, Itch Eze, DermAid 0.5%, Ice Gel, Calamine lotion, Aloe Vera, Vicks Rub, Bonjella	
Anticholinergic	Motion sickness	Ginger tablets, Travel Calm, Kwells	
Laxatives/Stool Softeners	For constipation – as per Doctor or RN instruction only	Movicol, Osmolax, Actilax, Coloxyl	
Adsorbents, Antimotility	Anti-diarrhoea	Lomotil, Imodium, Gastro-Stop	
Eye-drops – Lubrication and Antibiotic	NB: Chlorsig – as per DR or RN instruction only	Hyloforte, Celluvisc, Chlorsig, Murine, Refresh	
Ear/Otic drops	For ear pain or wax softening only - s per Doctor or RN instruction	Aqua Ear, Auralgan	
Urinary Alkaliser	Nurse directed	Ural, Cystitis relief	
Gastrointestinal Antacids, Anti-Gas	NB: precautions for GI conditions	De-gas, Mylanta, Gaviscon	
First Aid/Miscellaneous	Nurse directed	Wound wash (chlorhexidine, betadine), Wart Off, Tick Off, Head lice treatment, Combantrin (worms)	

NOTE: The Health and Wellbeing Centre has a supply of Over The Counter (OTC) medicines which do not require a prescription. These OTC medicines can be administered to students with consent, unless noted otherwise (see instruction column). This OTC list is compiled and reviewed annually by the College Health Team, Director of Boarding and College Doctor.

Parent/Carer Name

Date

Parent/Carer Signature

**PRESCRIPTION MEDICINES TO BE RETURNED WITH COMPLETED FORM TO COLLEGE NURSE**



### **Important Information**

Upward Life Family Practice is offering GP services to students attending Boarding School at Saint Augustine's College. GP services will be available to students on Wednesday mornings during the school term, between 7:30-8:30am. If appointments are required outside of this time, the school nurse will liaise with ULFP staff to book appointments after school hours as soon as possible.

As part of this service, we are required to provide and obtain information, and gain consent from the patient's, or patient's guardian's to ensure proper patient care.

This form provides information on our services, how the service works, and acts as patient consent.

#### **1. Patient Information, Records Transfer, and Consent**

- **Patient Information:** Basic patient information is required for us to appropriately treat all patients. Please complete the New Patient Information form in completion to ensure all details are correct.
- **Parent and Student Consent:** Consent is required prior to Upward Life Family Practice seeing the students. While mature minors may legally consent to their own care, obtaining parental consent is recommended. Consent includes;
  - Details on the type of information that will be accessed.
  - How records will be used and securely stored.
  - Contact details if parents have questions.
- **Records Transfer:** Medical records will only be transferred for continuity of care purposes. While mature minors may legally consent to their own transfer, obtaining parental consent is recommended.

#### **2. Billing and Financial Information**

- Appointments booked by the School Nurse will be bulk-billed under Medicare for students that are Medicare eligible. If additional services not covered by Medicare are required, this will be discussed prior to the service being completed.
- Appointments booked outside the school term, or by the patient directly will be billed as per our regular billing schedule as a Private patient.

#### **3. Data Privacy and Security**

- **Electronic Records Handling:** If records are transferred electronically, ensure secure methods are in place for remote access, with compliance to Australian privacy laws.
- **Secure Record Storage:** For both electronic and paper records, confirm secure storage at the school site and limit access to authorised personnel only.

#### **4. Communicating with Parents and Students**

- In majority of cases, the school nurse often acts as the primary liaison between the school, the student's family, and healthcare provider.
- In cases where the student experiences a health issue, the school's Nurse or GP may contact the parents directly with updates or if there are concerns that require parental input (e.g., decisions regarding treatments or hospitalization).
- If parent's wish to discuss the student, this may require a phone appointment with the Doctor at Upward Life Family Practice which may incur a fee.
- Parents should ensure that updated contact information is available to the school and medical staff for urgent situations.

#### **5. Coordination with the School**

- **School-Doctor Liaison:** The School Nurse will be the main contact person for St Augustine's Boarding students. Staff at ULFP that will act as contact persons include Reception staff, the Practice Manager, and the treating GP as required.

## NEW PATIENT INFORMATION AND CONSENT FORM

### Contact Information

Title:  Surname:

First Name:  Known as:

Date of Birth:

Gender at birth: ☐ M ☐ F Gender Identity: ☐ Male ☐ Female ☐ Non binary ☐ Other Your pronoun: ☐ He ☐ She ☐ They

Street Address: **C/O- St Augustine's College, 251 Draper Street, Parramatta Park QLD 4870**

Postal Address:   
(if different to above)

Home Phone:

Mobile Phone:

Email:

### Next of Kin

Name:  Relationship to you:

Home Phone:

Mobile Phone:

### Emergency Contact Details

Name:  Relationship to you:

Home Phone:

Mobile Phone:

### Healthcare Identifiers

Medicare Number:  Ref number:  Expiry:

Concession (Pension/Health Care) Card Number:  Expiry:

### Do you Identify as:

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander  
☐ Australian, non-indigenous ☐ Other:

### Your Health Information

**ALLERGY INFORMATION** - Do you have any allergies or are you sensitive to drugs or dressings?

☐ No  
☐ Yes – provide details:

Previous Doctor's Name:

Previous Clinic Name:

Previous Clinic Address:

Ph:

Fax:

Email:

Patient's Full Name:

Address:

Date of birth:

Patient signature

Date

If signing on behalf of patient - your name (please print)

Your relationship to patient e.g. Mother, Father, guardian

The above patient is now attending **Upward Life Family Practice**. Could you please forward their clinical records to assist in the future management of this patient's health. *\*We use Best Practice and would appreciate receiving the records in .xml format* The patient's signed consent appears above. Thank you.

Can you please forward on the following:

- ☐ Patient's Health Summary
- ☐ Patient's Full File
- ☐ Details of any Mental Health Care Plans, CDM Plans, Health Assessments billed
- ☐ Other

Doctor's Name:

Office Use Only:

Date Summary Sent:

Staff Dispatching Information:

## NEW PATIENT INFORMATION AND CONSENT FORM

### Patient Consent

~ \* Please read this consent form carefully prior to signing ~~

This general practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, we wish to provide you with sufficient information on how your personal information may be used or disclosed and record your consent or restrictions to this consent.

Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed.

The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by the practice for the following purposes:

- Administrative purposes in the operation of our general practice.
- Billing purposes, including compliance with Medicare requirements.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Accreditation and quality assurance activities to improve individual and community health care and practice management.
- For legal related disclosure as required by a court of law.
- For the purposes of research only where de-identified information is used.
- To allow medical students and staff to participate in medical training/teaching using only de-identified information.
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases.
- For use when seeking treatment by other doctors in this practice.

At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

**Please complete the form on the following page if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.**

**Do you consent to:**

Our practice provides our patients with preventative care and early case detection reminders, e.g.: immunisation, skin checks, annual health checks, pap smears etc. Do you CONSENT to being contacted with reminders? Yes ☐ No ☐

Do you CONSENT to being contacted as part of our recall system for the follow up of investigation results? Yes ☐ No ☐

\*Please note, if you circle NO, you are responsible for booking follow up appointments to obtain your test results

Do you CONSENT to being contacted/reminded of appointments via SMS? Yes ☐ No ☐

AI-medical scribe software may be used by the practitioner during your consultation to record clinical notes. This helps to ensure they can deliver attentive and high-quality patient care. Do you consent to the use of AI Medical Scribe Software during your consultations with practitioners at our practice? Yes ☐ No ☐

## Consent

I,

have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I,

give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number. I understand that only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

Patient name: (please print)

Patient signature

Date

If signing on behalf of patient - your name (please print)

Your relationship to patient e.g. Mother, Father, guardian