

Enrolment

For enrolments **within two years**
of intended year of entry

Rostrevor College enrolls boys from Reception to Year 12. We encourage families to apply as early as possible as places in our key intake years fill quickly.

Key intake years:

- Reception • Year 7 • Year 10

Priority is given to siblings of current students, as being an R-12 College we offer the convenience of continuity of care and outstanding community networks.

Student and Parent/Caregiver Information

Student

Surname			Given Name(s)		
Preferred Name			Date of Birth		Religion
Baptism	Date	Parish	Reconciliation	Date	Parish
First Communion	Date	Parish	Confirmation	Date	Parish
Country of Birth			Language spoken at home other than English		
Australian Residency Status		<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident		
		<input type="checkbox"/> Temporary Resident	Visa Sub Class		
Is the student of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, TSI	<input type="checkbox"/> Both
Intended Year of Entry: 20		Year Level	<input type="checkbox"/> Day Student	<input type="checkbox"/> Boarder	
Current School or Kindergarten			Current Year Level		

Father/Caregiver 1

Title (Mr/Dr etc)		Surname		Given Name(s)	
Preferred Name		Date of Birth			
Address				Postcode	
Postal Address (if different from above)				Postcode	
Telephone (H)		(W)		(M)	
Email (Preferred)			Email (Other)		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Sole Parent
				<input type="checkbox"/> Widowed	
Occupation (please be specific)			Self Employed	<input type="checkbox"/> Yes	
Employer/Business Name					
Country of Birth		Language Spoken at Home		Nationality	
Religion		School Attended			

Mother/Caregiver 2

Title (Miss/Mrs/Dr etc)		Surname		Given Name(s)	
Preferred Name		Date of Birth			
Address				Postcode	
Postal Address (if different from above)				Postcode	
Telephone (H)		(W)		(M)	
Email (Preferred)			Email (Other)		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Sole Parent
				<input type="checkbox"/> Widowed	
Occupation (please be specific)			Self Employed	<input type="checkbox"/> Yes	
Employer/Business Name					
Country of Birth		Language Spoken at Home		Nationality	
Religion		School Attended			

Siblings

Please give details regarding children in the family (eldest to youngest), including past students and students already at Rostrevor College.

Name	M/F	Date of Birth	School Attending	Year Level

Family Circumstances

Are there any Parenting Plans or Court Orders in place relating to the parental responsibility for, caregivership and/or otherwise relevant to the education of this student?

☐ No ☐ Yes

(If yes, please supply copies, stamped with the Seal of the Court. These will be treated in the strictest of confidence by the College)

Boy lives in a two parent family	<input type="checkbox"/> Yes	
Boy lives in a single parent family	<input type="checkbox"/> With Father	<input type="checkbox"/> With Mother
	<input type="checkbox"/> With Other <i>(If selected please complete the following)</i>	Relation
Title (Mr/Mrs/Dr etc)	Surname	Given Name(s)
Address	Postcode	
Telephone (H)	(W)	(M)
Email <i>(Preferred)</i>	Email <i>(Other)</i>	

Emergency Contact Details

Emergency contact other than the Father or Mother

Name	Relationship to Student
Address	
Telephone (1)	(2)

Associations with Rostrevor

Father is an Old Collegian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	House/Colour if known
Year Commenced	Year Finished	Level Finished (e.g. Year 9)	
Other Association (Uncles, Grandfather etc)			
Name	Relation to Student		
Name	Relation to Student		
Name	Relation to Student		
Name	Relation to Student		

Medical Information

Student's Doctor	Telephone
Address	Postcode

Medical Conditions

Does your son have any of the following conditions?

Is your child under a health care plan for Asthma? <i>(if yes please provide a copy of the Asthma Procedure form issued by your doctor)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe Allergy (e.g. Bee Sting)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Disorder (e.g. Arthritis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Disorder (e.g. Drainage Tubes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication usually taken at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Condition (e.g. Dermatitis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swallowing/Choking difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide complete details for any questions to which the answer is yes (use a separate sheet if necessary)

Are you aware of any medical/healthcare emergency that could arise? <i>If yes please provide the following information</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Type of emergency and how to recognise it

Avoidance precautions

Does the student take any prescribed medication including inhalers? <i>If yes please provide the following information</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication	Dose	
When and how taken		
Side effects		

Authorisation and Medical Declaration

We/I understand that we/I will be asked to verify and update the data contained in this form, via the Parent Portal.

We/I accept that it is our/my responsibility to inform the College of any changes to this data as it occurs throughout the year.

We/I understand that if a Doctor advises of a serious illness, broken or fractured bones, or the need for surgery, every effort will be made by the College to contact us/me before treatment is prescribed.

In an emergency and, if the College is unable to make contact with the names registered in this document, within a reasonable period of time, we/I agree that the Principal of Rostrevor College, or his appointed officers, may arrange for my son to seek medical and surgical treatment including administration of an anaesthetic, as may be deemed necessary by a qualified Medical Practitioner. In such cases we/I understand that this would include signing forms and giving permission on our/my behalf. We/I will pay all medical and dental expenses incurred on behalf of my/our child.

Signature	Signature
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Learning Needs

Supporting documentation will be required with submission of this form.

Dyslexia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autism Spectrum Disorder/ASD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attention Deficit Disorder (with/without hyperactivity (ADD/ADDH))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intellectual Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional or Behavioural Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Borderline Intellectual Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The following information is required to be collected on behalf of the Government

Education – Father/Caregiver 1

What is the highest year of primary or secondary school completed?

(for persons who have never attended school, mark "Year 9 or equivalent or below")

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

Education – Mother/Caregiver 2

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

What is the level of the highest qualification completed?

Bachelor degree or above	<input type="checkbox"/>	Bachelor degree or above	<input type="checkbox"/>
Advanced diploma/Diploma	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>
Certificate I to IV (Including trade certificate)	<input type="checkbox"/>	Certificate I to IV (Including trade certificate)	<input type="checkbox"/>
No non-school qualifications	<input type="checkbox"/>	No non-school qualifications	<input type="checkbox"/>

Glossary

Bachelor Degree	Includes Postgraduate Degree, Masters Degree, Graduate Diploma, Graduate Certificate, Bachelor Degree (with Honours) and Bachelor Degree
Certificate I to IV (including trade Certificate)	Includes Certificate I, Certificate II, Certificate III, Certificate IV, trade Certificate, Advanced Certificate, Apprenticeship Certificate, Traineeship Certificate
Diploma/Advanced Diploma	Includes Advanced Diploma, Associate Degree and Diploma

Office Use Only

Occupation Group of Father/Caregiver 1	(Group 1 2 3 4)
Occupation Group of Mother/Caregiver 2	(Group 1 2 3 4)

Conditions of Enrolment

The prospective student and his parents/caregivers are required to respect the values underlying a Catholic School in the Edmund Rice Tradition.

When accepting a place at the College, the student and his parents/caregivers become members of the Rostrevor College Community. It is understood that the acceptance of enrolment implies an undertaking on the part of the student, with the support of his parents/caregivers, to participate fully in all College activities as required.

Payment of College Fees and Charges

Family is entitled to School Card Assistance

☐ Yes ☐ No

Application for fee support or scholarship lodged

☐ Yes ☐ No

We/I may find it difficult to pay the school fees & would like to discuss

☐ Yes ☐ No

Rostrevor College uses email as its default method of communication for sending statements and finance related correspondence. Such correspondence will be sent to the preferred email address of Father/Caregiver 1 nominated earlier in this document, unless advised otherwise.

If you wish to nominate a different email address for finance correspondence or to receive this information to multiple email addresses please complete the below.

Email 1

Email 2

To opt out of this service please complete the below

☐ We/I elect to opt out of receiving Finance correspondence via email, including statements/tax invoices and wish to receive all Finance correspondence by post.

Signature

Signature

Tuition Fee Policy

The College, in providing educational facilities and services to the Community, does so with the expectation that users of its facilities and services will meet their financial obligations in a timely manner, as per the terms and conditions of any agreements including enrolment terms and conditions.

Rostrevor College's ability to provide education for all students is based upon all families paying the current prescribed tuition and related fees within agreed payment terms. The College may decide, from time to time, to assist families in need, or enter into repayment plans where full payment cannot genuinely be met. This may include extended payment timelines if appropriate.

It is Policy of this College that, excluding Scholarships and Bursaries, all families will pay the current prescribed fees on time. Fees are confirmed annually prior to the commencement of the school year and families may select alternative payment options. Fees are due and payable on dates identified on the tax invoice, based on the selected payment options. Unless otherwise agreed with the Principal or Business Manager, all fees are to be fully paid by October of the billing year

Rostrevor College acknowledges that there may be periods when a family may be 'unable to pay' and the Business Manager will be prepared to discuss circumstances and develop a repayment plan to the satisfaction of all parties.

Where it is clear that a family is 'unwilling to pay' rather than 'unable to pay', the following procedure shall apply. In implementing these procedures, the Business Manager and Principal shall give consideration to a family's payment history and contribution to the College.

1. Fees are payable by a given due date, as outlined above.
2. Within 14 days after that due date, parents/caregivers are contacted by phone advising that the fees are overdue and payment is requested. At this time, a new payment arrangement may be agreed.
3. If no arrangement is agreed and the debt remains outstanding for a further 14, a letter will be sent to seek immediate payment or contact with the College Finance Office within 14 days. If there is no response, a second letter will indicate if no response within 7 days, debt collection may be considered. A final letter will be sent if no response again advising the account will be sent to our debt Collection Agency for action on recovery.
4. Once referred to the debt collection agency, all correspondence regarding outstanding fees is to be with the agency engaged by the College. Debt collection will continue through the normal process until payment is made. Where the family owns property, and the debt collection process has progressed to this stage, the debt collection agency may be instructed to commence action to place a lien over that property.
5. In every case where fees are not paid in full, parents/caregivers will be required to discuss with the College their financial circumstances and agree to a written repayment plan in respect to the outstanding balance. Any varied arrangement becomes a new arrangement and if the varied arrangement is not met, follow up action will occur as set out above.

Rostrevor College Permission to Use Student Photographs/Artwork/Multimedia

From time to time Rostrevor College releases photographs/videos to the media to promote curricular and co-curricular activities at the College and within the community. There are also times when media outlets use images within their publicly visible platforms in print and digital form.

These images may also be used in newsletters, magazines, annuals, website and College Portal, social media platforms (Facebook, YouTube or equivalent) and marketing materials produced by or for Rostrevor College, Catholic Education and Edmund Rice Education Australia (EREA). The College and/or Catholic Education may also like to make publications containing the photos/images/student work available free of charge to government and/or non-government schools and education institutions and sectors around Australia for their educational purposes under the National Education Access Licence for Schools (NEALS). NEALS is a licence between government and non-government education institutions and sectors of the various states and territories, which allows schools to share material.

In most circumstances the images will not include any personal information regarding the student's identity or may include the student's first name and/or year level only. However, in the College magazine, Annual and newsletter, because of the limited circulation of these documents, it is usual for the student's full name to appear under photographs or to record student achievement in various activities. Group photos are often taken and it is possible that your son's image could appear inadvertently in publications such as the fortnightly newsletter, magazine, scholastic highlights, annual or curriculum handbook. These and other publications are accessible via the College website. If you do not wish your son to appear in these publications please inform your son to withdraw himself from group photos taken in this way.

We seek your permission to include your child's photograph/quotes or interviews and/or artwork in these mediums. This permission will continue to be valid for the time your son is at Rostrevor College, unless you specifically withdraw it.

Please complete consent below

We/I, authorise Rostrevor College, Catholic Education and EREA to use these images in their owned media (e.g. Annuals, Magazines and College Website) to promote curricular, co-curricular and student life activities at the College and within the community.

Signature

Signature

We/I, further authorise Rostrevor College to release images of my child, or images of their artwork, video/quotes, interviews and projects to the media and any promotional materials.

Signature

Signature

Communication

The College uses email as a main method of communicating with our Community. Therefore it is important to ensure that a valid email address is supplied and that you notify the College should it change.

Please Note: All communication regarding your son is available to both parents/caregivers unless court orders direct the College otherwise.

Privacy and Standard Collection Notice

The College collects personal information, including sensitive information about students and parents or caregivers before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son.

Some of the information we collect is to satisfy the College's legal obligation, particularly to enable the College to discharge its duty of care.

Certain laws governing or relating to the operation of schools require that certain information be collected.

Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about your son from time to time.

The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, Catholic Education Office, the South Australian Commission for Catholic Schools, your local diocese and the parish, medical practitioners and people providing services to the College, including specialist visiting teachers, sport coaches and volunteers.

If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son.

Personal information collected from students is regularly disclosed to their parents or caregivers. On occasions information both textual and graphical such as academic and sporting achievements, pupil activities and other news is published in College newsletters, magazines and on our website.

Parents may seek access to personal information collected about them and their son by contacting the College. Students may also seek access to personal information about themselves. 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 College's duty of care to the student, or where students have provided information in confidence.

As you may know the College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose without your consent.

We may include your contact details in a class list and College directory. If you do not agree to this you must advise us now.

If you provide the College 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 College and why, that they can access that information if they wish and that the College does not usually disclose the information to third parties.

Main Reasons for considering Rostrevor College

☐ Academic Excellence

☐ Pastoral Care/Wellbeing

☐ Curriculum

☐ Other (Please specify) _____

☐ Father attended Rostrevor College

☐ Friends at the College

☐ Facilities

☐ All Boys Education

☐ Co-curricular

☐ Manchester City Football School

Is Rostrevor College your first choice?

☐ Yes

☐ No

How did you hear about Rostrevor College?

☐ From a Friend

☐ Media/Publications

☐ Primary School

☐ Outdoor/Billboard Advertising

☐ Digital Advertising

☐ Other (Please specify) _____

☐ Radio

☐ Website

☐ Stand/Field Day

☐ Parish

Application Checklist

Please check that the following items are included when returning the Application for Enrolment Form

☐ Application Fee of \$60.00 (including GST) if an Application Form was not completed.

Please enclose the following documents with submission of this Enrolment Form:

☐ Photocopies of the student’s latest two school reports (excluding Reception applications)

☐ Photocopy of NAPLAN results

☐ Copy of Birth Certificate

☐ Copy of Visa and Passport (for Temporary Residents and Permenant Residents)

☐ The Priest Reference form should be handed to your priest to be completed and returned to the College.
(Should this not be relevant for your family, please forward a letter in support of your application.)

☐ If there are any special needs, please include documentation (Psychologist or other reports, action plans, assessments, etc)

☐ Any Court Order or related information regarding custody of the student (if applicable)

Once the Enrolment Form has been received you will be sent an acknowledgement and receipt. An enrolment interview will then be arranged with the Principal or a member of our Senior Leadership Team.

Payment of Application Fee

An Application Fee of \$60.00 per student is required with submission of this Enrolment Form if an Application Form was not completed.

Application Fee previously paid with submission of the Application Form

☐ Yes☐ No, *payment is required on submission of this form*

Payment type:

☐ Cash☐ Visa☐ MasterCard☐ Cheque

Credit Card NumberCCVExpiry Date

Cardholder’s Name

Father/Caregiver 1 SignatureDate

Mother/Caregiver 2 SignatureDate

Office Use Only

Received DateFamily Code

Processed DateStudent Code

Processed byRegistration Fee Date Paid