



**St Paul's
School**

Registration for Admission

Student Name:

Entry point applying for:

(Please circle the relevant entry point)

Pre-Prep Prep 1 2 3 4 5 6 7 8 9 10 11 12

Year of commencement:

(Please circle the relevant year)

2014 2015 2016 2017 2018 2019
2020 2021 2022 2023 2024 2025
2026 2027 2028 2029 2030 2031

Please indicate the Pre-Prep program you wish to enrol for:

(Please tick one only)

- Full time - 5 days per week (Mon - Fri)
 Part time group 1 - 5 days per fortnight (Mon, Tue, alternating Wed)
 Part time group 2 - 5 days per fortnight (alternating Wed, Thu, Fri)

Please indicate if you are one or more of the following:

- New Family Current Family
 Staff Member Past Student

Please return this form and direct all enquiries to:

www.stpauls.qld.edu.au

**The Registrar
St Paul's School**

34 Strathpine Road Bald Hills Qld 4036 AUSTRALIA

P: +61 7 3261 1388 F: +61 7 3261 4521

E: registrar@stpauls.qld.edu.au

**OFFICE
USE
ONLY**

FAMILY NUMBER

STUDENT NUMBER

DATE RECEIVED

RECEIPT NUMBER

DATE OF RECEIPT

2014 v1.0

STUDENT DETAILS

Family Name (Surname)			
Given Names			
Preferred Name			
Date of Birth (dd/mm/yyyy)	/ /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth		Language spoken at home other than English	
Current Residential Address	Previous schools attended (most recent first)		
Student Telephone			
Student Mobile			
Is the student of Aboriginal or Torres Strait Islander Origin (for persons of both Aboriginal and Torres strait Islander Origin, please mark both "Yes" boxes)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	Is the student in Australia on a permanent or temporary visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which visa? <input type="checkbox"/> 457 <input type="checkbox"/> 163 <input type="checkbox"/> 461 <input type="checkbox"/> 856 <input type="checkbox"/> 857 <input type="checkbox"/> 571 <input type="checkbox"/> Other: _____
Religion			
Special needs: Please outline any special needs the student may have such as medical, physical or cultural conditions requiring medication or attention. This will enable the School to support your son/daughter.	Medical History: Please supply details of any serious illnesses, operations and accidents		

SIBLINGS

(This information will not appear in the School database unless a separate Application for Enrolment has been submitted for each and every child)

	Name	Gender (M/F)	DOB (dd/mm/yyyy)	Does this sibling attend this School?
Sibling 1				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling 2				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling 3				<input type="checkbox"/> Yes <input type="checkbox"/> No

COURSE DETAILS (SENIOR SCHOOL Yrs 10-12) Complete only if applying for entry to the Senior School

Proposed calendar year of entry	20.....	Proposed entry class (eg Year 10)	
Proposed subjects to be studied at High School	1. English	4.	7.
	2. Mathematics	5.	8.
	3.	6.	9.
List other schools to which an application has been made			

FAMILY INFORMATION

Mother				Father			
Title	First Name			Title	First Name		
Surname				Surname			
Home Phone				Home Phone			
Business Phone				Business Phone			
Mobile				Mobile			
Facsimile				Facsimile			
Email				Email			
Occupation				Occupation			
Workplace				Workplace			
Marital Status	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> DF	<input type="checkbox"/> D	<input type="checkbox"/> W	Marital Status	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> DF <input type="checkbox"/> D <input type="checkbox"/> W
Postal Address				Postal Address			

FAMILY INFORMATION (cont.)

Mother		Father	
Residential Address		Residential Address	
Account Address		Account Address	
Emergency Contact		Emergency Contact	
Emergency Phone		Emergency Phone	

FAMILY INFORMATION

ADDITIONAL INFORMATION

Has your child received any assistance from or been in contact with:	Add details below:	
Guidance Officer <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you find out about St Paul's School? If "Other" please specify
Counsellor <input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychologist <input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychiatrist <input type="checkbox"/> Yes <input type="checkbox"/> No		
Psych. Analyst <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hearing impaired Services <input type="checkbox"/> Yes <input type="checkbox"/> No		If you heard about the School from a current or past student please provide their name and year level
Speech Therapists <input type="checkbox"/> Yes <input type="checkbox"/> No		
Visual Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physically Handicapped Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> From current/past student <input type="checkbox"/> Cinema Advertising <input type="checkbox"/> Internet <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other		

If you answered "Yes" to any of the above, please attach any relevant reports to this form.

If not Australian, do you have Australian Resident Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answer is "Yes" then please provide relevant documentation
What language is primarily spoken at home?		
Are both parents living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If parents are separated, with whom is the student living?		
Name of stepfather / stepmother (if applicable)	<input type="checkbox"/> stepfather <input type="checkbox"/> stepmother	

DECLARATION

We/I hereby apply for admission of the child whose details appear on this form to the School on the following terms and conditions. We/I declare that the information given in this form is complete and accurate. **We/I enclose the enrolment fee of \$150 which is not refundable.**

STANDARD COLLECTION NOTICE

1. St Paul's School (the School) collects personal information, including sensitive information about students and parents before and during the course of the student's enrolment at St Paul's School.
2. The primary purpose of collecting information is to allow the School to exercise its functions and activities and ultimately provide schooling to your child/ward.
3. The School collects, uses, holds and discloses personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs).
4. Legislation that governs public health and child safety requires that certain types of information be collected by the School.
5. The information that the School collects is to satisfy legal obligations and enables the School discharge its duty of care.
6. The School collects health information about students. Health information is a subset of sensitive information; it is defined in the Privacy Act 1988 (Cth) and is dealt with in accordance with the APPs.
7. If the School does not obtain the information referred to above, it may not be able to enrol or continue the enrolment of your child/ward.
8. Personal and sensitive information collected by the School may be disclosed to others for administrative and educational purposes. This would include disclosure to other schools, government departments, the Corporation of the Synod of the Diocese of Brisbane the Anglican Church Southern Queensland and other persons providing services to the School.
9. Personal information collected from students is generally disclosed to parents. Personal information and images (for example, sporting and academic achievements) is published in the school newsletter, magazine and may be used for other School related purposes. Please inform the School in writing if information in relation to your child's/ward's is not to be used in this manner.
10. Personal information collected may be disclosed by the School to debt collection agencies for the purpose of recovering outstanding tuition fees.
11. Parents may seek to access information collected about their child/ward by contacting the School. Access to personal information is dealt with in accordance with the School's Privacy Policy.
12. Parents may seek to have personal information corrected. Correction of personal information is dealt with in accordance with the School's Privacy Policy.
13. Parents or students may make a complaint in accordance with the School's Privacy Policy if they believe the School has breached the APPs.
14. The School engages in fundraising activities. Personal information collected may be used to make a marketing or fundraising appeal. The School will abide by any direction from an individual not to disclose personal information to third parties for marketing purposes.
 I do not want my personal information used for direct marketing
15. A copy of the School's Privacy Policy can be found at <http://www.stpauls.qld.edu.au>.

I have read and understood the contents of the Standard Collection Notice.

Student's Name	Year Level	Year of Entry
Parent's/ Guardian Name	Parent's/Guardian Signature	

CONDITIONS OF ENROLMENT

1. We/I hereby undertake to be responsible to pay punctually as they fall due all fees and expenses properly incurred in accordance with the terms set forth in the Fees and Payment Policy as issued by the School from time to time and well acknowledge that we are/am liable to pay such fees and expenses.
2. We/I undertake that every effort will be made to ensure that our/my son/daughter will not be absent from School without leave of absence being granted by the School and that the term dates, as advertised by the School, will be strictly adhered to. (Students absent from School without being granted leave may forfeit any credit for assessments missed during their absence.)
3. We/I undertake to give one term's notice before the removal of our/my son/daughter or to pay one term's fees in lieu. In order to be valid and binding such notice must be in writing and signed by us/me and delivered to the Headmaster.
4. We/I agree to be bound by the terms and conditions as set out in this application as set out in the Prospectus of the School and also agree to cooperate with the School authorities in all matters of School discipline.

REFUND POLICY - TUITION FEES

1. The Application Fee is non-refundable.
2. The Placement Fee is non-refundable.
3. The Enrolment Deposit (\$1000.00) is payable by 30 June the year prior to student commencement. For students starting immediately it must be paid on acceptance of the position. The Enrolment Deposit will be credited against the final fee account in the last year of School for the student. The final fee account is issued in Term 4.

INDEMNITY/DECLARATION

If my/our son/daughter is accepted as a student at St Paul's, I/we hereby give permission for my/our son/daughter to take part in all activities associated with him/her attending St Paul's School.

I/We agree to delegate my/our authority to the Headmaster, If/We agree that such person may take whatever reasonable disciplinary action which is deemed necessary in ensuring the safety, well-being and successful conduct of the students of the School as a group or individually. If/We authorise the Headmaster or his/her delegates to obtain all such medical assistance as required and to make all such decisions as they deem necessary to preserve the health and well-being of the student.

I/We declare that to the best of my/our knowledge the information supplied is correct and complete. I/We recognise that it is my/our responsibility to provide all necessary documentary evidence of my/our child's studies and hereby authorise St Paul's to obtain further information where necessary. I/We have understood and accept the Refund policy. I/We am/are aware of the Conditions of Enrolment of St Paul's and have understood and accept these conditions.

The submission of this application to the School implies that both my children and I accept all aspects of the Code of Behaviour of St Paul's School and agree to abide by all regulations of the School. Should these conditions not be fulfilled, I understand this will constitute a breach of enrolment conditions and the enrolment may be cancelled. Please note that all fees are payable in advance. Please note that personal information may be available to Commonwealth and State agencies.

PLEASE SIGN

Please sign below acknowledging acceptance of the above conditions of enrolment at St Paul's School.

Signed		/ /	Signed		/ /
	Mother/Guardian signature	Date		Father/Guardian signature	Date

CREDIT CARD DETAILS (If paying by credit card)

Amount:	\$	Card Type:	
Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	/	CCV:	
Name on card:			
Signature:			



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