



Christian Brothers College

A Birth-12 Catholic College for boys in the Edmund Rice Tradition

Faith **Excellence** Community **Compassion**

Senior Campus

214 Wakefield Street, Adelaide SA 5000
P 08 8400 4200 F 08 8400 4299

Junior Campus

324 Wakefield Street, Adelaide SA 5000
P 08 8400 4222 F 08 8400 4220

CBC Community Children's Centre

178 East Terrace, Adelaide SA 5000
P 08 8223 5469 F 08 8223 7803

GPO Box 2707 Adelaide SA 5001

enrolment@cbc.sa.edu.au

www.cbc.sa.edu.au

**This form should be returned as soon as possible to: The College Registrar,
Christian Brothers College, GPO Box 2707, ADELAIDE, SA 5001**
**Please note this enrolment application is an application only and does not
 guarantee that a place will be offered to your child.**
A non-refundable Application Fee of \$50.00 must accompany this Application.

Calendar Year of Entry	Term	Academic Year Level of Entry
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STUDENT DETAILS

Family Name	Given Name/s
Date of Birth _____(Day) / _____(Month) / _____(Year)	Preferred Name
Where parents are separated state the address at which the child mostly resides. Address	
Postcode	
Student Country of Birth	Cultural Identity
Date of Arrival in Australia	Main Language Spoken at Home
Student Visa Subclass	Aboriginal or Torres Strait Islander (circle one) YES / NO

OLD COLLEGIANS

Are any family members Old Collegians of CBC: YES / NO (if YES, please indicate years at CBC and relationship to student)

STUDENT'S EDUCATION DETAILS (most recent report must be attached)

Schools Attended (current one first)	Dates	Year Levels
/...../..... to/...../.....	to
/...../..... to/...../.....	to
/...../..... to/...../.....	to

STUDENT'S RELIGIOUS AFFILIATION

Catholic <input type="checkbox"/>	Other (please specify)	No Religion <input type="checkbox"/>
Current Parish/Place of Worship:		

STUDENT'S RELIGIOUS SACRAMENTS RECEIVED (copies of Sacramental Certificates must be attached)

Indicate with tick	Name of Parish	Date
Baptism <input type="checkbox"/>		
Reconciliation <input type="checkbox"/>		
Eucharist <input type="checkbox"/>		
Confirmation <input type="checkbox"/>		

OTHER CHILDREN IN THE FAMILY

Name	Age	Year Level (if at school)	Name of School Attended/Attending








FAMILY DETAILS

		Mother/Parent1/Guardian 1				Father/Parent2/Guardian 2			
Title		Mr Mrs Ms Miss Dr (Please circle)				Mr Mrs Ms Miss Dr (Please circle)			
Family Name									
Given Name									
Usual occupation									
Employer									
Contact Nos	Home/Work	H		W		H		W	
	Mobile	M				M			
Email address									
Country of Birth									
Date of arrival in Australia									
Nationality									
Main language spoken at home (if not English)									
Religion (Catholic, Other, No Religion)									
Relationship to child (Father, Mother, Guardian, etc.)									
Residential Address									
		Postcode				Postcode			
Postal Address (if different from above)									
		Postcode				Postcode			
Living with Child		Full Time: Yes / No		Part Time: Yes / No		Full Time: Yes / No		Part Time: Yes / No	
Extra copy of report to go to		In circumstances where the student's parents are separated or divorced, it is the normal practice to provide reports to the fee-paying enrolling parent. Upon request from the fee paying parent correspondence will be provided to other parties fulfilling Court Order directives.							
Family Court, Guardianship, Intervention, Parenting Plan or other relevant Court Order (if YES, you are required to provide a copy of that order to the College)		YES <input type="checkbox"/>				NO <input type="checkbox"/>			

STUDENT'S PROFILE

Student's Attributes	Circle one
(a) Please list any sporting, academic or cultural achievements or talents including State Teams:	
(b) Has your child ever been suspended from school, expelled or refused admission to another school?	YES / NO
Medical	Circle one
(c) Does your child have a medical management plan? If yes, please provide a copy of your current plan. (eg severe asthma / allergies, diabetes, epilepsy, cystic fibrosis, infectious disease)	YES / NO
(d) Has your child received any medical or educational assessments or reports? (e.g. speech pathology, hearing, psychological or pediatric specialists.) Date of testing..... Name of professional.....	YES / NO
(e) Does your child have any specific learning needs? Details:.....	YES / NO
(f) Has your child attended any specialised agencies, special schools, units or centres? If yes, which ones?.....	YES / NO
(g) Does your child require any special provisions to be considered by the College? (eg access etc) Details:.....	YES / NO
If YES to any of the above questions, please provide comprehensive details including all reports, assessments etc. All assessments and/or reports must be less than 2 years old.	
Financial	Circle one
(h) Will you/your child be applying for the School Card?	YES / NO
(i) Do you have any outstanding school fees with another school?	YES / NO
Privacy	Circle one
(h) Do you give permission for your child's image to appear in CBC publications including the College website?	YES / NO

ESSENTIAL DOCUMENTS

This Application for Enrolment form will not be processed without the below listed documentation being attached:	
<ul style="list-style-type: none">  A copy of the birth certificate  Baptism / Confirmation certificates  Latest school report  Copy of Visa / Passport / Citizenship (if applicable)  NAPLAN test 	<ul style="list-style-type: none">  Documentation relating to inclusive needs (any reports, action plans, assessments, etc)  Any Court Order, Parenting Plan or related information affecting your child

ENROLMENT POLICIES: Reception applicants: If your child turns five before May 1, they will commence school on the first day of Term 1 in that year.

IN THE CASE OF LIMITED VACANCIES, PREFERENCE IS GIVEN TO APPLICANTS IN THE FOLLOWING ORDER:

- | | |
|---|---|
| 1. Younger brothers of present students and/or sons of Old Collegians of CBC. | 4. Students from other Catholic schools. |
| 2. Students from practising Catholic families. | 5. Students who transfer from Catholic schools in other states. |
| 3. Students from Aboriginal and Torres Strait Islander heritage. | 6. Others. |

OFFER OF PLACE: Any offer of enrolment will be made following an interview with the Principal or his delegates. The offer will be confirmed in writing. The enrolment will be confirmed upon the acceptance of the offer and the payment of a non-refundable deposit of \$200.00 (which will be deducted from the first term fees) by the date specified on the College's offer of enrolment.

\$50.00 NON REFUNDABLE APPLICATION LODGEMENT FEE:

Visa
 Mastercard
 Cheque
 Cash (Do not send cash through the post)

Card Number: / / /

Expiry Date: /

Name on Card: _____ Signature: _____

CONDITIONS FOR ADMISSION

1. The parents/guardians and the student actively support the Catholic ethos of the College. This includes attendance at the Sacramental programme, College masses, class retreats and parish visitation.
2. The parents/guardians and the student are committed to CBC's rules and to participation in CBC activities. This includes support for Parents and Friends activities, for sports activities and for extra-curricula activities.
3. Recognition that CBC belongs to the Independent Schools Sports Association and that all students must play for CBC teams when selected and especially if playing for a State side.
4. That there is sufficient evidence that the student can cope at the class level for which the application is being made. Normally such evidence is found in previous school reports or other educational assessments and/or professional recommendations.
5. The parents/guardians give permission for their child to travel between the three College campuses, CBC ovals and CBC determined sporting grounds and the Cathedral under staff supervision.
6. The parents/guardians accept that the College reserves the right to suspend or expel a student for a serious or for continued breaches of school rules, regulations and/or policies, including conduct which brings into disrepute the good name and reputation of the College.
7. The parents/guardians accept that the College does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is the parents' responsibility including school issued electronic devices.
8. The parents/guardians and the student will abide by College policies as amended from time to time.
9. The parents/guardians and the student accept the standards the College sets regarding grooming, uniform and personal presentation.
10. The parents/guardians understand that payment of my/our account is my/our responsibility.
11. Should my/our account be placed in the hands of debt recovery consultants, then I/we hereby agree to pay all expenses relating to the recovery of my/our account, and any default debt may be reported to a credit reporting agency.
12. I/we give consent for the College to contact any other Catholic school which my child has previously attended for the purpose of ascertaining my/our fee paying record or providing additional support to the application.

PRIVACY AND RELEASE OF INFORMATION

13. The School/College respects the privacy of personal and sensitive information regarding your family. The School/College collects personal information, including sensitive information about the student and parent(s) or guardian(s) before and during the course of a student's enrolment at the School/College. The primary purpose of collecting this information is to enable the School/College to provide schooling for your child.
14. In situations where parents are separated, it is the policy of the School/College to release school reports to the mother and father of the student upon request. It is also our policy to allow both mother and father to attend parent/teacher interviews upon request. However, the School/College will abide by any court orders which prevent the release of such information.
15. Some of the information the School/College collects it to satisfy the School/College's legal obligations, particularly to enable the School/College to discharge its duty of care.
16. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
17. The School/College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other Catholic schools, government departments, South Australian Commission for Catholic Schools, Catholic Education Offices, local parish, medical practitioners and people providing services to the School/College including specialist visiting Consultants and Advisers from the Catholic Education Offices, sports coaches and volunteers.
18. In the event of default of payment of fees, the School/College may refer the default to a debt collection agency. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
19. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
20. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in the School/College newsletter, magazine and our website.
21. Parents or guardians may seek access to personal information collected about them and their child by contacting the School/College. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School/College's duty of care to the student, or where students have provided information in confidence.
22. As you may know the School/College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own fundraising purposes without your consent.
23. If you provide the School/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 School/College and why, that they can access that information if they wish and that the School/College does not usually disclose the information to third parties.

DECLARATION

I/we declare that all the information provided in this application is, to the best of my/ our knowledge, true and accurate. Please note that if you accept an offer of enrolment, the terms and conditions detailed in this Application for Enrolment are incorporated into the enrolment contract.

Signatures of Parents or Guardians Mother / Guardian 1 Date

(Both are required if applicable)

..... Father / Guardian 2 Date

I will support the four College values: Signature of Student Date

Office Use Only

Acknowledgement Letter and Receipt Posted:

Date: _____ / _____ / _____