Enrolment Acceptance Form

**Parent/Carer 1**

Title: ...........................................  Given name: ...........................................  Surname: ...........................................

**Parent/Carer 2**

Title: ...........................................  Given name: ...........................................  Surname: ...........................................

<table>
<thead>
<tr>
<th>Enrolled Students</th>
</tr>
</thead>
</table>
| Student 1: ...........................................  Year level:  
| Student 2: ...........................................  Year level:  
| Student 3: ...........................................  Year level:  
| Student 4: ...........................................  Year level:  

**Parent/Carer Agreement**

In accepting a place for the above named student(s) at Bayside Christian College, we/I agree (please tick & sign):

- That we/I understand that Bayside Christian College is a Christian school where our/my children(ren) will receive a Biblical, Christ-centred education in accordance with the College’s Faith Statement.
- To uphold the policies and practices of the College in both word and deed.
- To resolve any grievance or dispute within the College in accordance with the College Grievance Policy.
- That the College may contact the previous school/s of our/my child(ren) to obtain information pertinent to their education (if applicable).
- To obtain a professional assessment for our/my child(ren) (where requested).

Parent/Carer 1 signature: .................................................................  Date: ...........................................

Parent/Carer 2 signature: .................................................................  Date: ...........................................

**Parent/Carer Fees Declaration**

Please indicate who is responsible for the payment of College tuition fees and charges:

- Parent/Carer 1 & 2
- Parent/Carer 1 only
- Parent/Carer 2 only

Other (specify): .................................................................................................................................

In accepting a place for the above named student(s) at Bayside Christian College, we/I agree (please tick & sign):

- To pay the Bayside Christian College Family Enrolment Bond of $500 within 14 days of receiving a letter of offer of a position for our/my child(ren) at the College.
- To pay all College fees and charges each year in accordance with the payment schedule agreed upon in the Payment Arrangement Form.
- To provide, in writing to the Principal, one full term’s notice of withdrawal of our/my child(ren) from Bayside Christian College, or to pay one full term’s fees (ten weeks) in lieu of notice.
- To accept liability for any costs incurred by the College in collecting unpaid fees and charges when the child(ren) leave or are withdrawn from the College.

Parent/Carer 1 signature: .................................................................  Date: ...........................................

Parent/Carer 2 signature: .................................................................  Date: ...........................................