

ENROLMENT ACCEPTANCE FORM

Please complete and return this form to the Registrar at Bayside Christian College Reception. All information is collected and stored in accordance with the College's Privacy Collection Statement and Privacy Policy which can be accessed on our website.

Parent/Carer Details

1	Title:		First Name:		Surname:	
2	Title:		First Name:		Surname:	

Student/s Details

1	First Name:		Surname:		Year Level	
2	First Name:		Surname:		Year Level	
3	First Name:		Surname:		Year Level	
4	First Name:		Surname:		Year Level	

Parent/Carer Agreement

1	2	In accepting a place at the College for the student/s listed above, we/I agree (Parent/Carers please tick):
<input type="checkbox"/>	<input type="checkbox"/>	That we/I understand that Bayside Christian College is a Christian school where our/my child/ren will receive a Biblical, Christ-centred education in accordance with the College Faith Statement.
<input type="checkbox"/>	<input type="checkbox"/>	To uphold the policies and practices of the College in both word and deed.
<input type="checkbox"/>	<input type="checkbox"/>	To resolve any grievance or dispute within the College in accordance with the College Grievance Policy.
<input type="checkbox"/>	<input type="checkbox"/>	That the College may contact the previous school/s or our/my child/ren to obtain information pertinent to their education.
<input type="checkbox"/>	<input type="checkbox"/>	To obtain a professional assessment for our/my child/ren (where requested).

1	Parent/Carer 1 Signature:		Date:	
2	Parent/Carer 2 Signature:		Date:	

Fee Declaration

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

- Parent/Carers 1 and 2
- Parent/Carer 1 only
- Parent/Carer 2 only
- Other

If other, please specify :

1	2	In accepting a place at the College for the student/s listed above, we/I agree (Parent/Carers please tick):
<input type="checkbox"/>	<input type="checkbox"/>	To pay the Bayside Christian College Family Enrolment Bond (where applicable) of \$500 within 14 days of receiving a Letter of Offer for a position/s for our/my child/ren at the College.
<input type="checkbox"/>	<input type="checkbox"/>	To pay all College fees and charges each year in accordance with the payment schedule agreed upon in the Payment Arrangement Form.
<input type="checkbox"/>	<input type="checkbox"/>	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 (10 weeks) in lieu of notice.
<input type="checkbox"/>	<input type="checkbox"/>	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.

1	Parent/Carer 1 Signature:		Date:	
2	Parent/Carer 2 Signature:		Date:	