



APPLICATION INFORMATION

Parents interested in sending their student/s to Alta-1 College need to read and follow the instructions given below:

APPLICATION PROCESS:

1. The first step for any applicant is to attend an interview with the relevant campus teacher, to determine the student's suitability for the program and the program's suitability for the student.

Enquiries: Administration on Tel: 9403 8200

Note: This initial contact is compulsory prior to enrolment.

2. Parents/Students wishing to proceed with the enrolment in the college need to complete enrolment application forms obtained at that interview, or from the college's website. The following documentation is required for each student:
 - Student Enrolment Form completed and Memorandum of Agreement signed.
 - Confidential Student Enrolment Information and Student Medical Information Forms completed.
 - A copy of the student's Birth Certificate/proof of identity. (Note: unless the Birth Certificate or proof of identification is received the enrolment cannot be processed.)
 - A copy of the student's current Immunisation History Statement or proof of vaccination status.
 - A copy of the student's previous two school reports.
3. It is the responsibility of the parent/responsible person to forward all of the above documents to:

Enrolments

Alta-1 College

PO Box 2104

WANGARA 6947

Email: admin@alta-1.wa.edu.au

Fax: 9403 8299

Or, alternatively, hand deliver to an Alta-1 College office located at:

Great Southern

Unit 1

**57 Lockyer Ave
Albany**

North Metro

Unit 1

**7 Prindiville Dve
Wangara**

South Metro

Sonshine FM Building

**Murray St (cnr McNabb)
Como**

ConnectEd Metro

Unit 4

**14 Uppill Pl
Wangara**

4. No student can commence in the college until all enrolment documents have been completed and approved by the Regional Principal.
5. Once approval has been given, an enrolment approval letter will be forwarded to the student. The student must present this letter to the campus teacher on the day of commencement.
6. The College's fees and charges are the responsibility of the parent/student/responsible person. Enquiries regarding the payment of these fees should be made to the Finance Officer at Alta-1 College.
7. All enquiries for enrolment must be directed through the central Alta-1 office Telephone: 94038200



MEMORANDUM OF AGREEMENT:

I/we acknowledge that the Alta-1 College program is designed to provide a full time development and education program under the *School Education Act (1999)* (and any amendment to successor legislation).

I/we acknowledge that I/we are jointly and severally liable for all fees and charges stated in each school account relating to the child covered under this application, payable upon receipt of invoice. Arrangements can be made to pay these fees and charges on a weekly basis. I/we agree that if I/we are unable to pay the college tuition fees and charges in full by the time determined that I/we will contact the finance office to make alternative arrangements.

I/we acknowledge that the college board may refuse re-entry of the student into Alta-1 College if any fee remains unpaid for a period over 30 days from when it is due and there is no agreement in writing in place with the finance officer to repay the fees by installments.

I/we acknowledge the Christian basis of Alta-1 College. I/we understand that while students are never forced to adopt a particular belief and value system, the Alta-1 College program is delivered from a predominantly Christian perspective. I/we consent to my/our student receiving Christian instruction and, if consented to by my/our student, receiving and/or participating in prayer.

I/we irrevocably indemnify Alta-1 College and its representatives against all claims in cases of unforeseen personal injury, or loss of any personal property, at any Alta-1 College site or during any approved activity, including camps, excursions and work placements.

I/we understand that due to the unique nature of the Alta-1 College Recovery Curriculum, all students in the Senior School program (years 11 and 12) will be enrolled into Foundation or General Level English and Mathematics Courses of Study and General Level Religion and Life Course of Study, contributing to the achievement of the Western Australian Certificate of Education (WACE), but not generating an Australian Tertiary Admission Rank (ATAR - university entrance score).

I/we consent to Alta-1 College and its employees administering medication or obtaining medical treatment for the student in the event of an emergency or accident.

I/we understand that as part of Alta-1 College program there will be times when staff will take groups of students on impromptu excursions. The excursions may contribute to the educational program or be used to assist in creating a sense of connection with the students. Such excursions may be to places such as a fast food restaurant for a treat and a chat, or to sites of more explicit educational value such as a museum. As such, I/we give permission my/our child to participate in such excursions and for staff with the appropriate driver's license to use school (and on rare occasions, private) vehicles to transport my/our child.

I/we understand that as part of the Alta-1 College educational program, from time to time staff members will screen movies and DVD's carefully chosen for their contribution to the program which, at times, may carry an M, or on rare occasions an MA rating, for which I/we give my/our permission for my/our child to view.

I/we understand that Alta-1 College offers a voluntary Student Therapeutic Services program, as detailed in the Parent Handbook. I/we give permission for my/our child to participate in this program, on the understanding that I/we can withdraw this permission at any time by contacting the Alta-1 College office.

I/we understand that from time to time my student may have interaction with Alta-1 College staff members outside of school hours through mentoring, church, youth group or other such events. I understand this interaction is purely voluntary. I also understand in such hours of interaction Alta-1 College staff members may drive my student either in a private or Alta-1 College vehicle, at which times it will be expected that Alta-1 College staff members continue to abide by relevant Alta-1 College policies.

I/we accept that if my/our student fails to demonstrate satisfactory progress in the program a panel will meet to discuss our future in the Alta-1 College program, and we agree to accept and not challenge in any way the decision of the panel as to whether we are to be permitted to remain involved in the program, the conditions under which my/our student will be permitted to remain, or whether my/our student is required to cease all involvement in the program.

I/we have provided Alta-1 College with all information relevant to my/our child's enrolment, withholding none.

I/we have read and understood and agree to abide by the above conditions of this Agreement.

STUDENT SIGNATURE..... NAME (printed).....

PARENT/GUARDIAN SIGNATURE: NAME (printed)

PRINCIPAL'S SIGNATURE:



DATE STARTED: _____ STUDENT FAMILY NAME: _____		SCSA Student Number: _____ USI number: _____ STUDENT GIVEN NAMES: _____	
PREFERRED NAME: _____		SEX AS PER BIRTH CERTIFICATE: M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____ (Birth Certificate or Proof of identification must be supplied)
YEAR LEVEL PREVIOUSLY COMPLETED & WHEN: _____			MAIN LANGUAGE SPOKEN AT HOME: _____
SCHOOL PREVIOUSLY ATTENDED & DATE LEFT: _____ (Please supply previous two school reports)		1. Aboriginal but not Torres Strait Islander Origin <input type="checkbox"/> 2. Torres Strait Islander but not Aboriginal Origin <input type="checkbox"/> 3. Both Aboriginal and Torres Strait Islander Origin <input type="checkbox"/> 4. Neither Aboriginal nor Torres Strait Islander Origin <input type="checkbox"/>	
ALTA-1 PROGRAM SOUGHT (COMPLETE BOTH LINES) <input type="checkbox"/> Campus _____ <input type="checkbox"/> ConnectEd <input type="checkbox"/> Middle School <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12		IMMUNISATION: YES <input type="checkbox"/> NO <input type="checkbox"/> (Proof of Immunisation must be supplied)	
STUDENT RESIDENTIAL ADDRESS WHILE ENROLLED IN THE PROGRAMME: _____		STUDENT CONTACT DETAILS: HOME PHONE NUMBER: _____ MOBILE PHONE NUMBER: _____ EMAIL: _____	

CONTACT DETAILS OF RESPONSIBLE PERSON:

NAME IN FULL: _____		RELATIONSHIP TO THE STUDENT: _____	
RESIDENTIAL ADDRESS: _____		HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____	
POSTAL ADDRESS: _____		MOBILE PHONE NUMBER: _____ EMAIL: _____	

ALTA-1 CONFIDENTIAL STUDENT ENROLMENT INFORMATION

PRIVACY INFORMATION COLLECTION NOTICE

1. The school collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at ALTA-1. The primary purpose of collecting this information is to enable ALTA-1 to provide schooling for your son/daughter/the student.
2. Some of the information we collect is to satisfy ALTA-1'S legal obligations, particularly to enable ALTA-1 to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health [and Child Protection]* laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners, and people providing services to the school, including specialist visiting teachers, [sports] coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter/the student.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines [and on our Website].
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about them. 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's duty of care to the pupil, or where pupils have provided information in confidence.
9. From time to time the school may engage 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 school's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list and school directory. If you do not agree to this you must advise us now.
11. If you provide the school 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 and why, that they can access that information if they wish and that the school does not usually disclose the information to third parties.

MOTHER

Name _____

Address _____

P/Code _____ Ph _____

Medicare No. _____

Occupation _____

Work Phone _____

Mobile _____

FATHER

Name _____

Address _____

P/Code _____ Ph. _____

Medicare No. _____

Occupation _____

Work Phone _____

Mobile _____

1.1 Marital Status

Married/De facto

Separated

Single

Divorced

Remarried

1.2 CustodyDetails?

Y/N

Custody Details/Access restrictions?

Alternative Family Information:

EMERGENCY CONTACT (1)

Name _____

Ph.(Hm) _____ (Wk) _____

Mobile _____

Relationship to student: _____

EMERGENCY CONTACT (2)

Name _____

Ph. (Hm) _____ (Wk) _____

Mobile _____

Relationship to student: _____

Emergency contact will only be contacted if both parents are unavailable

THE FOLLOWING INFORMATION IS USED BY THE AUSTRALIAN GOVERNMENT TO DETERMINE THE LEVEL OF FUNDING THIS COLLEGE IS ALLOCATED

Parent/Guardian 1: Country of Birth _____

Main Language spoken at home _____

What is the highest year of primary or secondary school completed? (Please tick the appropriate box)

- 1. Year 9 or equivalent or below
- 2. Year 10 or equivalent
- 3. Year 11 or equivalent
- 4. Year 12 or Equivalent

What is the level of the highest qualification completed? (Please tick the appropriate box)

- 5. Certificate I to IV (incl. trade certificate)
- 6. Advanced Diploma/Diploma
- 7. Bachelor degree or above
- 8. No school qualification

Occupation group (Please tick the appropriate box)

- 1. Senior management and qualified professionals
- 2. Other business managers, arts/media/sport, associated professionals
- 3. Tradesmen/women, clerks, skilled office, sales, service
- 4. Machine operators, hospitality, assistants, labourers, etc
- 8. Not in paid work in last 12 months
- 9. Not stated or unknown

Parent/Guardian 2: Country of Birth _____

Main Language spoken at home _____

What is the highest year of primary or secondary school completed? (Please tick the appropriate box)

- 1. Year 9 or equivalent or below
- 2. Year 10 or equivalent
- 3. Year 11 or equivalent
- 4. Year 12 or Equivalent

What is the level of the highest qualification completed? (Please tick the appropriate box)

- 5. Certificate I to IV (incl. trade certificate)
- 6. Advanced Diploma/Diploma
- 7. Bachelor degree or above
- 8. No school qualification

Occupation group (Please tick the appropriate box)

- 1. Senior management and qualified professionals
- 2. Other business managers, arts/media/sport, associated professionals
- 3. Tradesmen/women, clerks, skilled office, sales, service
- 4. Machine operators, hospitality, assistants, labourers, etc
- 8. Not in paid work in last 12 months
- 9. Not stated or unknown

STUDENT MEDICAL INFORMATION

Name: _____

Has the student ever been diagnosed with any of the following? *(Tick if applicable)**Please note that the answers to these questions won't determine whether the student is accepted into Alta-1, but will help to give staff a better understanding and equip us to care for the student appropriately.*

<input type="checkbox"/> Autism Spectrum Disorder (ASD)	
Details:	
<input type="checkbox"/> Deaf and Hard of Hearing	<input type="checkbox"/> Vision Impairment
Details:	<input type="checkbox"/> Dyslexia (physiological needing correction by coloured lens or overlays) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability
<i>IQ score below 69 and deficits in adaptive behaviour, such as self-care, independence, safety, etc.</i>	Details:
Medical/Health Condition	Speech and Language Impairment
<input type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphalaxis (Beesting/food) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Other: _____ Please attach Management plan	<input type="checkbox"/> Dyslexia (Spelling, Comprehension and Reading Difficulty) <input type="checkbox"/> Dysgraphia (Writing) <input type="checkbox"/> Dyscalculia (Mathematics and numeracy) <input type="checkbox"/> Dyspraxia (Verbal and/or motor co-ordination) <input type="checkbox"/> Language or speech disorder (E.g. stutter) <input type="checkbox"/> Other: _____
Mental/Behavioural Disorder	
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Drug/alcohol issues/addiction <input type="checkbox"/> Trauma and post-traumatic stress (PTSD) <input type="checkbox"/> Bipolar Disorder (previously known as manic depression) <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Oppositional Defiant or Conduct Disorder <input type="checkbox"/> Motor Disorders such as tics, Tourette's etc. <input type="checkbox"/> Schizophrenia or other psychotic disorders <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Other: _____	
OTHER	
Please provide information relating to any diagnosis not listed above or any Health Issue that may impact your child's performance (ie Significant illness or conditions / previous surgery / head or brain injury)	

Risk to harm self: Low / Medium / High
Details:
Risk to harm others: Low / Medium / High
Details:
Substance use (eg. Drugs, Alcohol)
Details:

Medication & frequency your child is currently taking:

Administration of Medication.

A “Medication Request” application must be completed for all students requiring medication (prescription and non prescription) during school hours with the exception of antibiotics and short term medication. This must include written instructions from the parent/guardian and delivered to the site teacher. Note however: Alta-1 College staff will never take responsibility for the administration of any medication by injection.

Doctor’s Name / Medical Group: _____

Address: _____

Phone no: _____

Medicare No: _____ **Individual Number:** ____ **Valid To:** _____

Do you have St. John Ambulance Cover / Insurance: Yes No

IN AN EMERGENCY, AN AMBULANCE WILL BE CALLED AT THE PARENT’S EXPENSE.
(Where possible, parents /guardians will be contacted before emergency transport is called)

Please attach professional reports that confirm any diagnosis stated on previous page

Please attach Management Plan for any Medical Conditions

ALTA-1 PHOTO AUTHORISATION FORM

With the Privacy Act now in place parental permission is needed to use students' photographs in different publications.

Please place a tick in the boxes below indicating what areas you are happy or not happy to have your child/children's photograph/s used and being in videos/power point presentations. Newsletters will not only be issued to students but also put on the website.

	YES	NO
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Publications	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>
Handbook	<input type="checkbox"/>	<input type="checkbox"/>
Class Publications	<input type="checkbox"/>	<input type="checkbox"/>
Media Publications/Promotional Displays both inside and outside the school	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Responsible Person Name
(PRINT FULL NAME)

Signature

Date/...../.....

Student's Name



Dear Parent,

Your child may be eligible for Special Education funding through AISWA (Association of Independent Schools of Western Australia) to assist him/her in accessing the curriculum. ALTA-1 College will make an application to AISWA on your behalf, however all applications require supporting documentation (e.g. diagnosis and/or doctors letters etc.). In accordance with the Privacy Act we request your permission to forward any relevant documentation about your child that may assist us in gaining funding approval.

If your child has previously attended an Independent School in Western Australian and received Special Education funding at this school, your child's previous funding application details (including points allocated and supporting documentation) may be held by AISWA (Association of Independent Schools of Western Australia – includes all non-government, non-Catholic schools). In this event, according to the Privacy Act, AISWA needs your permission for funding points and documentation to be transferred to ALTA-1 College.

The funding is imperative in ALTA-1 College's provision of appropriate support for your child. Please forward the relevant documentation (e.g. diagnosis and/or specialist letters) and the attached form **with your completed application** (Att.: Alta-1 College Student Support Services).

If you do not wish to engage in this process, or if you have already provided us with the relevant documentation, please respond by texting the student name, surname and "no" to +61 0424 169363. This will ensure that we won't follow up on this urgent matter, and you won't receive any further communication in this regard.

Thank you for your cooperation in this important process. We look forward to working with your child to achieve his/her personal best.

Yours sincerely

Alta-1 College Student Support Services Team



Part A: *Permission for transfer of documents from school to AISWA*

I _____ (Parent/Guardian Name) give my permission for ALTA-1 College to forward any documents related to _____ (Student name) that may assist in gaining AISWA Special Education funding.

Parent/Guardian Signature

Date

Part B: *Permission for transfer of documents from AISWA to school*

In the event that your child has previously attended an Independent School in Western Australia, are you aware of your child receiving Special Education funding at this school?

YES

NO

If you answered YES, what was the name of this school (Please list all schools previously attended)?

I _____ (Parent/Guardian name) give my permission for AISWA (Association of Independent Schools of Western Australia) to transfer to Alta-1 College any funding points allocated to my child at their previous AISWA school, and in doing so, I agree to the transfer of all documents held by AISWA as evidence of my child's disability.

Parent/Guardian Signature

Date



SUPPORT SERVICES FOR STUDENTS

Consent to see ALTA-1 College Psychologist/Counsellor/Affiliated Clinical Psychologist

I _____ (Name of Parent/Guardian) hereby give permission to ALTA-1 College for my child _____ (Name of Student) to be seen by the ALTA-1 College Psychologist, Counsellor and/or Affiliated Clinical Psychologist. By signing this consent form, I have read and agree to the following:

- I understand that these services will incur no additional costs to myself.
- I understand that my child is under no obligation to see the clinical psychologist, Alta-1 psychologist or counsellor and once services have begun, my child may terminate these services at any stage without negative repercussions.
- The services provided include: psychological assessments for screening of student wellbeing; diagnostic assessments to apply for special needs funding; ongoing therapeutic support as and when requested by parents/guardians or Alta-1 staff.
- I understand that due to legal and ethical requirements to keep accurate records, the clinical psychologist, Alta-1 psychologist or counsellor may use various methods such as audio recording and written notes.
- Any and all records of the consultations are confidential and remain the property of ALTA-1 College, except in the following circumstances:
 - The material is subpoenaed by court; or
 - Failure to disclose certain information would place the student or another person at serious and imminent risk; or
 - Prior approval has been obtained from the student to discuss certain information with another person, or provide a report to another professional or agency.
- I undertake responsibility to ensure my child attends booked appointments and to cancel appointments with sufficient notice when my child is unable to attend.
- I understand that my child's personal information will be kept private and will be used solely for purposes of contact with the clinical psychologist, Alta-1 psychologist or counsellor.
- I understand that these services are only available while my child is registered as a student of Alta-1 College, and will thus cease once my child is no longer enrolled at Alta-1 College.

Parent/Guardian Name

Student Name

Parent/Guardian Signature

Student Signature

Date

Date



**Student Support Services
Authority to Release and Share Information**

Student: _____

Parent/Guardian: _____

Name of specialist:	Area of specialization (e.g. Psychologist, Psychiatrist or Paediatrician):	Address & phone number:

Parent/Guardian: I hereby authorize the parties above and any other treating specialist, including the school psychologist, to release relevant information concerning my child’s diagnosis and treatment to the Alta-1 Student Support Coordinator or Affiliated Clinical Psychologist.

If currently receiving services from a Psychologist or other professional, I authorize him/her to release relevant information regarding my child’s treatment.

I also give permission for information to be sought and shared between the following parties, as deemed appropriate and necessary, for the care and education of my child. Only information relevant to the immediate treatment or diagnosis will be shared:

- Alta-1 College staff
- Alta-1 College affiliated clinical psychologist
- AISWA clinical psychologist and Inclusive Education staff
- Any other treating health professional (e.g. doctor, psychologist or psychiatrist)

All information will be kept in the strictest confidence and parents/guardians will be consulted prior to any reports being released.

Parent/Guardian Signature

Student Signature

Date

Date

ALTA-1 College Student Support Services



Dear Parent/Carer,

Thank you for entrusting Alta-1 College with the education of your child/dependant.

The funding for Alta-1 College is a shared responsibility between the Commonwealth and State Governments, parents and the college. The commitment and continuing financial contribution of parents/carers is greatly appreciated and is essential to help fill the gap between the amount of government funding received and the cost of running the college.

Recently we introduced a new Direct Debit payment system to make paying school fees easier.

Please find attached:

- Direct Debit Request (one copy has to be filled in and returned to the office ASAP and Customer Copy is for your records)
- Direct Debit Request Service Agreement for your information.

The 2019 Alta-1 tuition fee rates are as follows:

- Classroom Education
 - \$2600pa without direct debit
 - \$1600pa with direct debit or one lump sum payment
- Connect ED
 - \$1600pa without direct debit
 - \$800pa with direct debit

Parents with Health Care/Pension Cards receive 50% discount on fees including the direct debit rates but the office needs a copy of your current Health Care/Pension Card; If your Health Care/Pension Card has expired or any of your details have changed, please contact us to update our records. Newly enrolled students are invoiced/commence direct debit payments upon completion of the transition program.

It is important to note that financial hardship should not prevent any young person from attending Alta-1 College and no young person will be denied an Alta-1 College education because of a family's genuine inability to pay the required school fees. This does not only apply to eligible Health Care / Pension Card holders as all families experiencing financial difficulty are entitled to fee assistance.

Application for fee assistance can be made in writing to:

The Business Manager
Alta-1 College
PO Box 2104
WANGARA WA 6947

Thank you for your continuing commitment and contribution to Alta-1 College.

Sincerely

Chief Financial Officer

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay Alta-1 College Ltd

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN /ARBN _____ "You"

Student/s full name _____ Site: _____

request and authorise **Alta-1 College Ltd and User ID: 477449** to arrange, through its own financial institution, a debit to Your nominated account any amount **Alta-1 College Ltd**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ____ - ____

Account number _____

Weekly Fortnightly Monthly **(Please tick appropriate payment frequency)**

Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and **Alta-1 College Ltd** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____
 (If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

Second account signatory

(if required)

Signature _____
 (If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay Alta-1 College Ltd

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN / ARBN _____ "You"

Student/s full name _____ Site: _____

request and authorise **Alta-1 College Ltd and User ID: 477449** to arrange, through its own financial institution, a debit to Your nominated account any amount **Alta-1 College Ltd**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ____ - ____

Account number _____

Weekly Fortnightly Monthly **(Please tick appropriate payment frequency)**

Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and **Alta-1 College Ltd** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____
 (If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

Second account signatory

(if required)

Signature _____
 (If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is Your Direct Debit Service Agreement with **Alta-1 College Ltd ABN: 80 112 331 254**. It explains what Your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to You as Your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of Your Direct Debit Request (DDR) and should be read in conjunction with Your DDR authorisation.

Definitions

account means the account held at Your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between You and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by You to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and You.

us or **we** means **Alta-1 College**, (the Debit User) You have authorised by requesting a Direct Debit Request.

You means the customer who has signed or authorised by other means the Direct Debit Request.

Your financial institution means the financial institution nominated by You on the DDR at which the account is maintained.

1. Debiting Your account

1.1 By signing a Direct Debit Request or by providing us with a valid instruction, You have authorised us to arrange for funds to be debited from Your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and You.

1.2 We will only arrange for funds to be debited from Your account as authorised in the Direct Debit Request.

Or

We will only arrange for funds to be debited from Your account if we have sent to the address nominated by You in the Direct Debit Request, a billing advice which specifies the amount payable by You to us and when it is due.

1.3 If the debit day falls on a day that is not a banking day, we may direct Your financial institution to debit Your account on the following banking day. If You are unsure about which day Your account has or will be debited You should ask Your financial institution.

2. Amendments by us

2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving You at least fourteen (14) days written notice.

3. Amendments by You

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to:

The Business Manager
Alta-1 College Ltd
P O Box 2104
Wangara WA 6947

Or

by telephoning us on **08 9403 8200** during business hours;

Or

arranging it through Your own financial institution, which is required to act promptly on Your instructions.

*Note: in relation to the above reference to 'change', Your financial institution may 'change' Your debit payment only to the extent of advising us **Alta-1 College Ltd** of Your new account details.

4. Your obligations

- 4.1 It is Your responsibility to ensure that there are sufficient clear funds available in Your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in Your account to meet a debit payment:
 - (a) You may be charged a fee and/or interest by Your financial institution;
 - (b) You may also incur fees or charges imposed or incurred by us; and
 - (c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in Your account by an agreed time so that we can process the debit payment.
- 4.3 You should check Your account statement to verify that the amounts debited from Your account are correct

5 Dispute

- 5.1 If You believe that there has been an error in debiting Your account, You should notify us directly on **08 9403 8200** and confirm that notice in writing with us as soon as possible so that we can resolve Your query more quickly. Alternatively You can take it up directly with Your financial institution.
- 5.2 If we conclude as a result of our investigations that Your account has been incorrectly debited we will respond to Your query by arranging for Your financial institution to adjust Your account (including interest and charges) accordingly. We will also notify You in writing of the amount by which Your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that Your account has not been incorrectly debited we will respond to Your query by providing You with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- (a) with Your financial institution whether direct debiting is available from Your account as direct debiting is not available on all accounts offered by financial institutions.
- (b) Your account details which You have provided to us are correct by checking them against a recent account statement; and
- (c) with Your financial institution before completing the Direct Debit Request if You have any queries about how to complete the Direct Debit Request.

7. Confidentiality

- 7.1 We will keep any information (including Your account details) in Your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about You secure and to ensure that any of our employees or agents who have access to information about You do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about You:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If You wish to notify us in writing about anything relating to this agreement, You should write to
**The Business Manager
Alta-1 College
P O Box 2104
Wangara WA 6947**
- 8.2 We will notify You by sending a notice in the ordinary post to the address You have given us in the Direct Debit Request.
- 8.3 Any notice will be deemed to have been received on the third banking day after posting.

ENROLMENT DOCUMENTS CHECKLIST

Responses

- Every page of the enrolment pack completed

Required Documents Included

- Copy of Birth Certificate/proof of identity
- Copy of Medicare card
- Copy of current Immunization History Statement (*available: online from MyGov or Medicare; in person at Centrelink office; by phone 1800 653 809*)
- Copy of previous two School Reports

Additional Documents - included if relevant

- Copy of Medical Management Plan for health conditions identified (page 6)
- Copy of Medical/psychological reports and/or diagnoses relevant to enrolment
- Copy of Health Care Card
- Copy of Pension Card
- Copy of Passport for New Zealand citizens
- Copy of Residency Document for permanent residents from overseas
- Copy of Citizenship Document for naturalized citizens

You can now submit the application, together with the attachments identified above, through one of the contacts listed on page 1 of this Enrolment Application.