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| --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer 1** | | | | | | |
| Title: | Given name: | | Surname: | | | |
| **Parent/Carer 2** | | | | | | |
| Title: | Given name: | | Surname: | | | |
| **Enrolled Students** | | | | | | |
| 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liability for any costs incurred by the College in collecting unpaid fees and charges when the child(ren) leave or are withdrawn from the College.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: | |