

Atlantis Beach Baptist College

Application for Enrolment

Please complete in BLOCK letters and return all pages and relevant documentation to: The Enrolment Registrar, Atlantis Beach Baptist College, admin@abbc.wa.edu.au

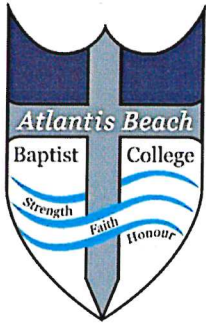
Enrolment Application Checklist

Student name: _____ Year _____ WASN _____

- ☐ Signed Enrolment Application
- ☐ Direct Debit Form
- ☐ Consent to Photos
- ☐ Consent to Paracetamol
- ☐ Consent to Chaplain
- ☐ Commitment to look after property, lockers, respect others
- ☐ Birth Certificate / Passport
- ☐ Visa if applicable (If one parent is born overseas)
- ☐ Updated Immunisation Record
- ☐ Most recent Academic Reports and Most recent NAPLAN/OLNA Results
- ☐ Individual Education Plan (IEP) (if applicable)
- ☐ Medical Reports (Diagnoses, Psychological / Therapy Assessments) (if applicable)
- ☐ Authorisation to Administer Medication (if applicable)
- ☐ Family Court Orders or other relevant Court Orders (if applicable)
- ☐ Proof of residential address (e.g., utility bill / Licence)

For office use only:

Enrolment Approved (Principal or Principal's Delegate)	Payment Date	Registration Fee Paid	Confirmation Fee Paid
		\$	\$
Student Start Date	House	Date received	Form received by
	C P A T		
Parent Code	Student Code	Siblings	DCP / Guardian
Direct Debit	Payment Plan	Split Billing	Offer of Place / Transfer Note / SIRS



Atlantis Beach Baptist College

Application for Enrolment

Please complete in BLOCK letters and return all pages and relevant documentation to:
The Enrolment Registrar, Atlantis Beach Baptist College, admin@abbc.wa.edu.au

Student Information

Application to enter Year Level:	In 20 _____		
Given Name(s):			
Preferred Name and Last Name:			
Legal Last Name:			
Student Address:			
Postcode:			
Student Date of Birth:	____ / ____ / 20	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Australian Citizen <input type="checkbox"/>	Australian Permanent Resident <input type="checkbox"/>	Temporary Resident <input type="checkbox"/>	
Arrival date in Australia (if born overseas):			
Is your child of Aboriginal or Torres Strait Islander descent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Both <input type="checkbox"/>
Aboriginal descent is from:	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Both <input type="checkbox"/>
Does your child have proof of Aboriginality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Country of Birth:			
Visa:			

(If not born in Australia, please provide evidence of Citizenship or Visa Status.)

Main language spoken at home:	
Current Academic Year:	
Current School:	
Religious Affiliation (if any):	

Details of Parent(s) /Legal Guardian(s)

Parents, please note that when completing this section, the name(s) submitted must be the name(s) of the parent(s) who has/have legal guardianship of this child. In families where parents are separated or divorced, a parent's new partner can not be included unless legal documents or other evidence can be provided confirming the new partner's legal guardianship.

Address (If same as Child's please write 'home address'):

Parent	Mother/Legal Guardian 1	Father/Legal Guardian 2
Title:		
Family Name:		
Given Name:		
Relationship to child:		
Living with child:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		
Suburb:		
Postcode:		
State:		
Email Address:		
Home Phone:		
Mobile Phone		
Business Phone:		
Occupation:		
Country of Birth:		
Nationality:		
Main Language spoken at home:		
Religion:		
Mobile for text messages from school:		

Siblings currently attending Atlantis Beach Baptist College:

Name: _____ House: _____ Year: _____

Name: _____ House: _____ Year: _____

Name: _____ House: _____ Year: _____

Name: _____ House: _____ Year: _____

Siblings attending other schools:

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Emergency Contacts

(Name and telephone of persons if Parent(s)/Legal Guardian(s) are not available)

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship to child:	Relationship to child:
Telephone number:	Telephone number:

DCP Only - Emergency Contact 1	DCP Only - Emergency Contact 2
Name:	Name:
Relationship to child:	Relationship to child:
Telephone number:	Telephone number:
Email address:	Email address:

The following is required by the Australian Government

Student MCEECDYA Data Collection

(Ministerial Council for Education, Early Childhood Development and Youth Affairs)

Does the student, their Mother/Legal Guardian or their Father/Legal Guardian speak a language other than English at home? (if more than one language, indicate the one that is spoken most often).

	Student	Mother/Legal Guardian 1	Father/Legal Guardian 2
Language:			

What is the highest year of primary or secondary school the Parent/Legal Guardians have completed?

(For persons who have never attended school, mark Year 9 or equivalent or below'). Mark one box only in each column.

	Mother/Legal Guardian 1	Father/Legal Guardian 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

What is the highest qualification the Parent/Legal Guardians have completed?

	Mother/Legal Guardian 1	Father/Legal Guardian 2
Bachelor's Degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

What is the occupation group of Parents/Legal Guardians? Please see the List of Parental Occupation Groups on page 1 of the Appendix. Mark one box only in each column.

	Mother/Legal Guardian 1	Father/Legal Guardian 2
Not in paid work in for the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Senior Management in large business organisations, Government Administration and Defence, and qualified professionals.	<input type="checkbox"/>	<input type="checkbox"/>

Other business managers, arts/media/ Sportspersons and associated professionals	<input type="checkbox"/>	<input type="checkbox"/>
Tradesmen/women, clerks and skilled office, Sales and service staff	<input type="checkbox"/>	<input type="checkbox"/>
Machine operators, hospitality staff, assistants, labourers and related workers	<input type="checkbox"/>	<input type="checkbox"/>

Information about your child

- Has your child been identified as gifted or attended PEAC/Extension or another program for gifted students? If YES, please give details:

Yes

☐

No

☐

- Please list any special family circumstances of which the College needs to be aware of, in order to provide support to the student (e.g. parent(s) family member deceased, parents separated or divorced).

- In applying for enrolment, parents agree to disclose below any professionally diagnosed medical conditions, impairments or learning difficulties which may require special provisions or adjustments to the student's school program. Individual accommodations cannot be considered by the College without professional diagnoses and appropriate documentation to support those diagnoses.

(Please tick all the appropriate boxes)

Has a doctor, paediatrician, specialist, educator or other professional ever recommended that you seek a diagnosis or advice regarding this child's learning difficulties, impairments, behaviour or medical conditions?

Yes

☐

No

☐

My child as diagnosed learning difficulties which affect his/her learning.

Yes

☐

No

☐

My child as diagnosed medical conditions (including allergies) and/or physical or psychological impairments which affect his/her daily life and/or learning.

Yes

☐

No

☐

Due to diagnosed learning difficulties, medical conditions, or impairments, my child may require special provisions and/or adjustments to the school program.

Yes

☐

No

☐

If a **YES** box has been ticked for the questions above, details must be provided below, and **copies of professional reports attached.**

Does your child have a medical condition that may require emergency treatment. If YES, give details and attach professional reports.

Yes

☐

No

☐

Does your child have any dietary requirements we should be aware of?

Does your child have a specific medical plan?
If YES, please supply documents, medical plans, and
other relevant information.

Yes

☐

No

☐

Medicare information

Medicare number:	
Expiry date:	Position:

Family Doctor

Name of General Practitioner:	Address of practice:
Medical Practice Phone Number:	

Atlantis Beach Baptist College Enrolment Application Commitments and Consents

Please indicate your commitment/consent by checking the appropriate boxes below:

Uniform Policy Consent

I/We understand that students must always adhere to the uniform policy as a condition of enrolment. I/We agree to comply with the uniform policy and acknowledge that non-compliance may result in disciplinary action.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

Paracetamol Consent

I/We give permission for Atlantis Beach Baptist College to administer Paracetamol to my/our child should it be deemed necessary by College staff, according to the College's medical guidelines.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

Photo Consent

I/We give permission for Atlantis Beach Baptist College to use my/our child's work, image, digital footage, and name in publications for marketing and promotional purposes within the College, within the College community, and within the wider community.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

Chaplain Consent

I/We give consent for my/our child to have access to the services of the College Chaplain, which may include personal, social, and spiritual support.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

ICT Equipment Care Commitment

I/We agree to ensure that my/our child will look after any ICT equipment provided by Atlantis Beach Baptist College, including but not limited to laptops, tablets, and other devices. I/We understand that any damage or loss due to negligence may result in costs being incurred.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

Respect for Staff, Students and Property Commitment

I/We agree to ensure that my/our child will respect all staff, students and property at Atlantis Beach Baptist College. I/We understand that any breach of this may result in disciplinary actions in accordance with the College's policies.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

Commitment to Parent/Guardian Code of Conduct: Respect for Staff, Students and Property

I/We agree to ensure that I/We will respect all staff, students and property at Atlantis Beach Baptist College. I/We understand that any breach of this agreement may result in disciplinary actions in accordance with the College's policies.

Yes _____ No _____ Parent/Guardian Signature: _____ Date: _____

TERMS AND CONDITIONS — PARENT AGREEMENT

PARENT CODE: _____ STUDENT CODE: _____

STUDENT NAME: _____ YEAR OF ENTRY: _____

FOR THE PARENT(S) OR LEGAL GUARDIAN(S) OF THE ABOVE STUDENT

We, the undersigned, being the parent(s) or legal guardian(s) of the above student request that ATLANTIS BEACH BAPTIST COLLEGE INC accepts him/her as a student in the academic year of entry, as indicated above. In consideration of the College's acceptance, we undertake and agree to the following:

1. **Acceptance of Enrolment:** Offer of enrolment must be accepted within two (2) weeks of the offer. Parent(s)/Legal Guardian(s) will be notified in writing of an offer of enrolment subject to availability, outcome of the interview process, and receipt of a non-refundable \$200.00 Enrolment/Confirmation Fee. The College reserves the right not to accept an Enrolment where the student, if admitted by the College, would require the services or facilities that are not required by other students at the College, and would require the College to make an unreasonable adjustment or the provision of which would impose unjustifiable hardship on the College. It is mandatory that we provide a copy of the student's previous academic record, birth certificate, immunisation record and, if required, Visa/Citizenship Status.
2. **Privacy Act / Information:** I/We agree that the information supplied in this Agreement is for the sole use of the College Administration where applicable, relevant Governmental and Educational Agencies and Medical Institutions as required. I/We understand that it is the responsibility of the Parent(s)/Guardian(s) to supply the College with any information what would be likely to affect my/our child's education or wellbeing while at the College. Failure to disclose such information may affect my/our child's enrolment at the College. This information includes any referrals and/or reports relating to custodial, educational, medical psychological intervention that would have a bearing on my/our child's education program. I/We agree to update any information as required.
Please see the Standard Collection Notice page on page 2 of the Appendix for extra information.
3. **Attendance:** I/We agree that my/our child will commence and complete each school term as outlined in the Yearly College Calendar and I/we will not allow my/our child to miss tests or examinations for any reason other than a medical condition which will require a doctor's certificate. I/We also agree to ensure that my/our child attends all compulsory College functions, and if my/our child misses three of these functions during a year, he/she may be asked to withdraw from the College. Compulsory College functions include Presentation Events, Athletics, Swimming and Cross-Country Intraschool Carnivals, and Camps. *Note, camps incur additional fees.*
4. **A. Co-Curricular Activities:** Students may be engaged in activities off-campus for co-curricular events, excursions or camps. I/We understand that the College will communicate information about these events and seek the permission of parent(s)/guardian(s) to attend these events prior to the event through school communications (i.e. Newsletters/School Management System).
B. Off-Campus Coursework: I/We understand that some courses require students to participate in activities off-campus during the school day to meet course requirements. The College will identify this in communications regarding course selection. I/We understand that by signing my/our child's course selections, that I/we are aware of the requirements to participate in off-campus activities in relation to the course and provide our permission to do so. Whilst off site, my/our child will be supervised and be required to follow normal school expectations. I/We give permission for my/our child to participate in these activities.

5. **Medical Emergencies:** In the event of any medical or other emergencies arising, where the Principal considers it impossible or impracticable to communicate with the parents or guardians of the student, the Principal is authorised to act on behalf of the parents or guardians.
6. **Principal:** The Principal has authority to apply whatever disciplinary measures are deemed necessary in relation to the conduct of the student, both inside and outside the College precincts, and may include suspension or withdrawal from the College. In this Agreement, the expression 'Principal' includes any Acting Principal or other Senior Teacher exercising the authority of the Principal.
7. **Notice of Withdrawal:** Notice in writing needs to be given to the Principal before the withdrawal of a student from the College. NB: If due fees are not paid then all further costs incurred by Atlantis Beach Baptist College Inc and Representatives, as well as and without limitations any reasonable enforcement expenses, and including debt collection agent's costs, legal fees and any additional interest on the default balance payable as allowable by the court, will be incurred by the family responsible for the debt.
8. **Student Management:** I/We agree to support the Behaviour Management Policy. For example, I/We understand that if a student has, during the course of a school year, as a result of disruptive behaviour, recorded five (5) Inside Send Outs for Secondary Students or eight (8) Inside Send Outs for Primary Students, they will be withdrawn or permanently excluded from Atlantis Beach Baptist College.
9. **Photographic Permission*:** I/We give permission for Atlantis Beach Baptist College to use my/our child's work, image, digital footage and name in publications for marketing and promotional purposes within the College, within the College community and within the wider community, including but not limited to: College newsletter, local newspapers, promotional magazines, College and promotional websites, etc. Permission may be withdrawn at any time in writing.
**This list is not exhaustive.*
10. **Loss or damage:** The loss or damage of personal property is not covered by insurance and is not the responsibility of the College.
11. **Immunisation:** Any student who has not been immunised may be excluded from school during an outbreak of a contagious disease.
12. **Tuition fees:** I/We acknowledge responsibility for my/our child's Tuition Fees. I/We acknowledge that the initial \$200.00 Enrolment/Confirmation Fee per student is non-refundable and is deducted from the first year's annual fees. It is a condition of enrolment that Tuition Fees and charges are to be paid using the College's Bank Direct Debit authority facility*. Payments may be organised per month, per term, per semester or annually and can charge a bank account or credit card. Payments will be debited at the commencement of the agreed cycle. I/We understand the student may not recommence the new school year if the family's account is in arrears.
**If any changes occur to my/our Direct Debit set up, I/We will contact the College to inform them of the new situation.*
NOTE: If due fees are not paid then all further costs incurred by Atlantis Beach Baptist College and representatives, as well as and without limitations any reasonable enforcement expenses, and including debt collection agent's costs, legal fees and any additional interest on the default balance payment as allowance by the court, will be incurred by the parent(s) and/or legal guardian(s) responsible for the debt.
13. **Enrolment Agreement:** I/We will support my/our son/daughter in complying with the rules and expectations of Atlantis Beach Baptist College as outlined in the Information Handbook, Student Diary, Newsletters and other College documentation.

Parent/Guardian 1 Name

Parent/Guardian 1 Signature

Date

Parent/Guardian 1 Name

Parent/Guardian 1 Signature

Date

The signatories to this 'Application for Enrolment' form are jointly and severally liable for the payment of fees. Where only one person has signed the form, that person is solely liable for the fees.

For the student: I agree to abide by the rules and expectations of the College.

_____ (Signature of student applying for Year 7 to Year 12)

I accept the above-named student for entry into Atlantis Beach Baptist College:

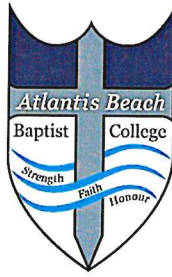
Principal Name

Principal Signature

Date

Additional Information / Notes

[illegible]



**ABBC EARLY LEARNING CENTRE: CHILD COLLECTION PERMISSION
Kindy & Pre-Primary Only**

Student Name: _____

Class: _____

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

Please list below any other persons who have permission to collect your child

N.B. All children must be collected by an adult.

NAME	RELATIONSHIP TO CHILD

Parenting Plan – if there is a shared parenting or custody arrangement please specify the days/weeks where each parent will collect your child. **Documentation must be supplied to the College.**

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____



Atlantis Beach Baptist College

Authority to Administer Medication

This form is to be used when a parent requests a College staff member to supervise or administer medication on a short term basis

Student Name and Last Name:

Student Photo

Year:

Form:

Date of birth:

Section A: Medication Instruction – To be completed by Parent / Guardian

Name of Medication/s	Medication 1	Medication 2
Expiry Date		
Dose/frequency – may be as per the pharmacist's label		
Duration/dates	From: To:	From: To:
Administration (tick appropriate box)	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>
Storage Instructions (Tick appropriate box)	Stored at school <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>

Additional Notes

Would the College staff need to be trained to administer your child's medication?

If yes, describe the type of training they would require:

Yes

☐

No

☐

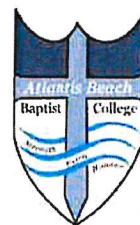
Section B: Authority to Act

This administration of medication form authorises the College staff to follow my/our advice and/or Medical Practitioner. It is valid for the specified time period at noted above.

Signature of Parent / Guardian _____

Name and Last Name of Parent / Guardian _____ Date _____

Atlantis Beach Baptist College
Breakwater Dr
Two Rocks WA 6037



DIRECT DEBIT REQUEST

I/We request and authorise you Atlantis Beach Baptist College Ltd (User ID 653981) to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System (BECS) at the financial institution shown below according to the schedule specified below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. I/We have received a copy of the Direct Debit Request Service Agreement.

Bank Account Holders Name
 (As appearing on bank statement)

ACCOUNT HOLDERS NAME

Parent Code as it appears on the bottom of your statement (if known)

PARENT CODE

Students Attending School

Student Name & Surname	Year level
ALL STUDENT NAMES	STUDENT YEAR

Address

ACCOUNT HOLDERS ADDRESS

Name of Financial Institution

FINANCIAL INSTITUTE

Branch name

BRANCH NAME

BSB number

BSB

— — — / — — —

Account number

ACCOUNT NUMBER

Drawing Details
 (Please Tick one option) *

1 payment on 20 th February	
2 equal payments on 20 th of February and July	PAYMENT OPTION
4 equal payments on 20 th of February, April, July and October	
10 equal payments on the 20 th of each month February – November	

Account Holder's Signature(s)
 (If debiting from a joint account, both signatures are required)

SIGNATURE

SIGNATURE IF JOINT ACCOUNT

If split billed account, please indicate the percentage for both parties: **

Name: LEFT BLANK UNLESS SPLIT BILLED
 Percentage:

Name: LEFT BLANK UNLESS SPLIT BILLED
 Percentage:

Date:

DATE

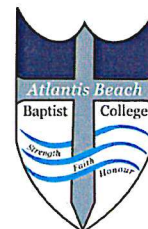
/ /

DATE IF JOINT ACC

/ /

* We will not be able to process your Direct Debit payment unless one of these options is selected.
 ** Details of your Annual Account will follow in January of the New School Year.

Atlantis Beach Baptist College
Breakwater Dr
Two Rocks WA 6037



DIRECT DEBIT REQUEST

I/We request and authorise you Atlantis Beach Baptist College Ltd (User ID 653981) to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System (BECS) at the financial institution shown below according to the schedule specified below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. I/We have received a copy of the Direct Debit Request Service Agreement.

Bank Account Holders Name
(As appearing on bank statement)

Parent Code as it appears on
the bottom of your statement
(if known)

Students Attending School	Student Name & Surname	Year level

Address

Name of Financial Institution

Branch name

BSB number

_ _ _ / _ _ _

Account number

_ _ _ _ _ _ _ _ _

Drawing Details <i>(Please Tick one option) *</i>	1 payment on 20 th February	<input type="checkbox"/>
	2 equal payments on 20 th of February and July	<input type="checkbox"/>
	4 equal payments on 20th of February, April, July and October	<input type="checkbox"/>
	10 equal payments on the 20th of each month February – November	<input type="checkbox"/>

Account Holder's Signature(s)
(If debiting from a joint account, both signatures are required)

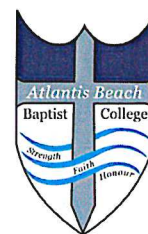
If split billed account, please indicate the percentage for both parties: **	Name:	Name:
	Percentage:	Percentage:

Date:

_ / _ / _

_ / _ / _

* We will not be able to process your Direct Debit payment unless one of these options is selected.
 ** Details of your Annual Account will follow in January of the New School Year.

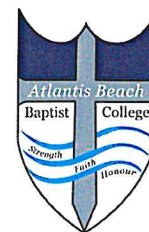


DIRECT DEBIT REQUEST SERVICE AGREEMENT


This is your Direct Debit Service Agreement with **Atlantis Beach Baptist College Ltd** User ID **653981** and ABN **23 604 702 070**. 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	<p>account means the account held at <i>your financial institution</i> from which <i>we</i> are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p>us or we means Atlantis Beach Baptist College, (the Debit User) <i>you</i> have authorised by requesting a <i>Direct Debit Request</i>.</p> <p>you means the customer who has signed or authorised by other means the <i>Direct Debit Request</i>.</p> <p>your financial institution means the financial institution nominated by <i>you</i> on the DDR at which the <i>account</i> is maintained.</p>
1. Debiting your account	<p>1.1 By signing a <i>Direct Debit Request</i> or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i>. <i>You</i> should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i>. <i>We</i> will only arrange for funds to be debited from <i>your account</i> as authorised in the <i>Direct Debit Request</i>.</p> <p>or</p> <p><i>We</i> will only arrange for funds to be debited from <i>your account</i> if <i>we</i> have sent to the address nominated by <i>you</i> in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.2 If the <i>debit day</i> falls on a day that is not a <i>banking day</i>, <i>we</i> may direct <i>your financial institution</i> to debit <i>your account</i> on the following <i>banking day</i>. If <i>you</i> are unsure about which day <i>your account</i> has or will be debited you should ask <i>your financial institution</i>.</p>
2. Amendments by us	<p>2.1 <i>We</i> may vary any details of this <i>agreement</i> or a <i>Direct Debit Request</i> at any time by giving <i>you</i> at least thirty (30) days written notice.</p>
3. Amendments by you	<p>3.1 You may change*, stop or defer a debit payment, or terminate (cancel) this agreement at any time by providing us with at least 3 working days notification by writing to:</p> <p style="text-align: center;">The Administrator Officer at the College</p> <p>or</p> <p>by telephoning us on 08 9544 3000 during business hours;</p> <p>or</p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p><small>*Note: in relation to the above reference to 'change', your financial institution may change your debit payment only to the extent of advising us Atlantis Beach Baptist College of your new account details.</small></p>



<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <ul style="list-style-type: none"> a) <i>you</i> may be charged a fee and/or interest by <i>your financial institution</i>; b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that <i>we</i> can process the <i>debit payment</i>. <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct.</p>
<p>5. Disputes</p>	<p>5.1 If you believe there has been an error in debiting <i>your account</i>, <i>you</i> should notify us directly by contacting the Administrator Officer at the college 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.</p> <p>5.2 If <i>we</i> conclude as a result of our investigations that <i>your account</i> has been incorrectly debited <i>we</i> will respond to <i>your</i> query by arranging for <i>your financial institution</i> to adjust <i>your</i> account (including interest and charges) accordingly. <i>We</i> will also notify you in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If <i>we</i> conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited <i>we</i> will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <ul style="list-style-type: none"> a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available through BECS on all accounts offered by financial institutions. b) <i>your</i> account details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent <i>account</i> statement; and c) with <i>your financial institution</i> before completing the <i>Direct Debit Request</i> if <i>you</i> have any queries about how to complete the <i>Direct Debit Request</i>.
<p>7. Confidentiality</p>	<p>7.1 <i>We</i> will keep any information (including <i>your account</i> details) in <i>your Direct Debit Request</i> confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <ul style="list-style-type: none"> a) to the extent specifically required by law; or b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this <i>agreement</i>, <i>you</i> should write to: The Administrator Officer at the College</p> <p>8.2 <i>We</i> may send notices either electronically to your email address or by ordinary post to the address <i>you</i> have given us.</p> <p>8.3 Any notice will be deemed to have been received on the sixth <i>banking day</i> after emailing or posting.</p>



I/We authorise you Atlantis Beach Baptist College Ltd (User ID 653981) to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System (BECS) at the financial institution shown below according to the schedule specified below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. I/We have received a copy of the Direct Debit Request Service Agreement.

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Student Name & Surname	Year level

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[illegible]

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1 payment on 20 th February	
2 equal payments on 20 th of February and July	
4 equal payments on 20 th of February, April, July and October	
10 equal payments on the 20 th of each month February – November	

Name:	Signature
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Name:	Name:
Percentage:	Percentage:

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**** Details of your Annual Account will follow in January of the New School Year.**

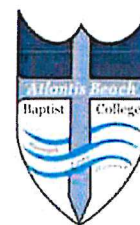


DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with **Atlantis Beach Baptist College Ltd User ID 653981 and ABN 23 604 702 070**. 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	<p><i>account</i> means the account held at <i>your financial institution</i> from which <i>we</i> are authorised to arrange for funds to be debited.</p> <p><i>agreement</i> means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p><i>banking day</i> means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p><i>debit day</i> means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p><i>debit payment</i> means a particular transaction where a debit is made.</p> <p><i>direct debit request</i> means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p><i>us</i> or <i>we</i> means Atlantis Beach Baptist College Inc, (the Debit User) <i>you</i> have authorised by requesting a <i>Direct Debit Request</i>.</p> <p><i>you</i> means the customer who has signed or authorised by other means the <i>Direct Debit Request</i>.</p> <p><i>your financial institution</i> means the financial institution nominated by <i>you</i> on the DDR at which the <i>account</i> is maintained.</p>
1. Debiting your account	<p>1.1 By signing a <i>Direct Debit Request</i> or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i>. <i>You</i> should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i>. <i>We</i> will only arrange for funds to be debited from <i>your account</i> as authorised in the <i>Direct Debit Request</i>.</p> <p><i>or</i></p> <p><i>We</i> will only arrange for funds to be debited from <i>your account</i> if <i>we</i> have sent to the address nominated by <i>you</i> in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.2 If the <i>debit day</i> falls on a day that is not a <i>banking day</i>, <i>we</i> may direct <i>your financial institution</i> to debit <i>your account</i> on the following <i>banking day</i>. If <i>you</i> are unsure about which day <i>your account</i> has or will be debited you should ask <i>your financial institution</i>.</p>
2. Amendments by us	<p>2.1 <i>We</i> may vary any details of this <i>agreement</i> or a <i>Direct Debit Request</i> at any time by giving <i>you</i> at least thirty (30) days written notice.</p>
3. Amendments by you	<p>3.1 You may change*, stop or defer a debit payment, or terminate (cancel) this agreement at any time by providing us with at least 3 working days notification by writing to:</p> <p>The Administrator Officer at the College</p> <p><i>or</i></p> <p>by telephoning us on 08 9544 3000 during business hours;</p> <p><i>or</i></p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may change your debit payment only to the extent of advising us Atlantis Beach Baptist College of your new account details.</p>



<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <ul style="list-style-type: none"> a) <i>you</i> may be charged a fee and/or interest by <i>your financial institution</i>; b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that <i>we</i> can process the <i>debit payment</i>. <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct.</p>
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<p>7. Confidentiality</p>	<p>7.1 <i>We</i> will keep any information (including <i>your account</i> details) in <i>your Direct Debit Request</i> confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <ul style="list-style-type: none"> a) to the extent specifically required by law; or b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).
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