



# THE HAMILTON AND ALEXANDRA COLLEGE

*An Ecumenical, Co-educational Day and Boarding School associated with the Uniting Church*

## INTERNATIONAL STUDENT ENROLMENT FORM

CRICOS Registration No. 00144F

**OFFICE USE ONLY**

Date: .....  
Year Level: .....  
SAS No: .....  
Enrolment Fee: .....  
Entrance Fee: .....  
Boarding Bond: .....  
Boarding Deposit: .....

Day Student

Boarder

Student's Surname .....

Given names .....

Date of Birth .....

Place of Birth .....

Nationality .....

Proposed Date of Entry .....

Present School .....

Present Year Level .....

Probable length of stay .....

Religious denomination (optional) .....

Sex (Male / Female) .....

**Full details of both parents (or guardians) must be completed:**

Surname (Father) ..... Title .....

Surname (Mother) ..... Title .....

Given Names .....

Given Names .....

Address .....

Address .....

Country .....

Country .....

Postcode .....

Postcode .....

Primary Occupation .....

Primary Occupation .....

Field of Work .....

Field of Work .....

**Telephone Numbers:**

Home ..... Bus .....

Home ..... Bus .....

Mobile..... Fax .....

Mobile..... Fax .....

Email .....

Email .....

**Names and Addresses of Two Referees whom the Principal may contact:**

(1) .....

.....

(2) .....

.....

Names of elder brother/sister (if any) at present in the School: .....

Names of elder brother/sister (if any) at present on the waiting list .....

Names of younger brothers/sisters for whom application is sought (a separate form must be completed for each child)

.....

**If an Old Collegian or have connections with the school, please complete:**

Name : ..... Maiden Name (if appl.) .....

House: .....

Year left The Hamilton & Alexandra College .....

Names of brothers/sisters and/or relatives who have attended The Hamilton & Alexandra College:

.....

One Copy of the most recent School Report and a personal reference should be sent with this Application.

I/We, the undersigned, wish to enrol my/our child as a student at The Hamilton & Alexandra College. I/We undertake to abide by the rules and regulations of the school. If I/we cannot be contacted, I/we authorise the school to take any action considered necessary in the event of illness or accident and I/we agree to pay all costs thereof. I/We acknowledge that fees are payable in advance on receipt of account, and that in the event of default, interest will be charged.

**Before removing my/our child from the school, I/we agree to give in writing one term's notice or pay half a term's fee in lieu thereof. I/we acknowledge that a term's notice in writing must also be given before a boarder is removed from the boarding house, otherwise half a term's boarding fee will be charged.**

**We the undersigned, agree to be jointly and severally liable for the payment of all accounts rendered by the School in respect of our child's tuition and other expenses in accordance with the School's terms of payment.**

Signature of Father/Guardian ..... Date: .....

Signature of Mother/Guardian ..... Date: .....

**Please return this completed enrolment form together with an application fee of AUD \$100.00 to:**

**The Registrar  
The Hamilton & Alexandra College  
PO Box 286  
Hamilton 3300  
Victoria  
AUSTRALIA**

**If the application is successful, the application fee will be retained by the School to compensate for administrative charges, irrespective of whether the student takes up a place or not.**

**The College reserves the right to accept or reject an application.**

## OTHER CONDITIONS:

1. Application Fee to be paid on application.
2. Confirmation of Enrolment – AUD4000 is required on acceptance of enrolment to confirm a place for new International Students. This money is held in trust and on arrival will then be used to cover enrolment fee, boarding bond, first year of health insurance, uniform, books and incidentals.  
The AUD4000 will be forfeited if the Student does not take his/her place at the College.
3. All Tuition and Boarding fees are payable annually prior to commencement a year in advance or for the rest of the calendar year where students commence outside our normal school year.
4. Family Concession for siblings of existing students (Student in the one immediate family)  
10% Per annum (Tuition only) for second eldest whilst concurrently enrolled  
40% Per annum (Tuition only) for each subsequent child whilst concurrently enrolled  
Note: Concessions do not apply to scholarship holders or bursary recipients
5. Home Stay (Vacation and Long Weekends) - AUD45 per day
6. Airport Pickup/Delivery – There is a designated day for airport pick up and drop off at the beginning and end of each term. Students using this service are not charged. Airports pickup and drop off at other times will be charged to students accounts. **Students are expected to attend school during designated and advertised term dates. Early departure or late arrival is strongly discouraged.**
7. Health Insurance – It is a visa requirement for Overseas students are required to join the Overseas Student Health Cover (OSHC) scheme. This will be paid by the College on your behalf and charged to your account.
8. Victorian Certificate of Education (VCE) – Full-fee paying overseas students enrolled in VCE subjects are required to pay a fee to the Victorian Curriculum and Assessment Authority (VCAA). This fee is set by the VCAA and covers the cost of the student being involved in the examination and assessment programme for the VCE. This will be charged to your account.
9. Any other incidental fee incurred by the student may be charged to your account.
10. A monthly late payment fee may be charged on overdue accounts. The fee will be based on our annual lending rate at the time plus 2%.
11. One full term's notice in writing must be given before a Student is removed from the College, with a half a term's tuition and boarding fees being charged in lieu of written notice.
12. All fees are subject to change without notice, with the College endeavouring to give a term's notice for major changes.

We ..... acknowledge the above terms and conditions in respect to fees payable to The Hamilton & Alexandra College,

Signed: ..... Date: ...../...../.....

Signed: ..... Date: ...../...../.....

The information on this application form may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, Pursuant to obligations under the ESOS Act 2000 and the National Code,

The Hamilton & Alexandra College is required, under s19 of the ESOS Act 2000 to advise the Department of Immigration and Multicultural Affairs about:

- i) Certain changes to the student's enrolment; and
- ii) Any breach by the student of a student visa condition relation to attendance or unsatisfactory academic performance.

**Privacy:**

The Hamilton & Alexandra College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your child. This includes satisfying the needs of parents and guardians and the needs of the student throughout the whole period he/she is enrolled.

Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the College to discharge its duty of care.

Certain laws governing or relating to the operation of schools require that certain information is collected. You may contact us if you have a question about this.

Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We require medical reports about students from time to time. If you do not consent to us obtaining this information you must advise us.

The College from time to time also has to disclose certain personal information and sensitive information to others. This includes other schools, government departments, medical practitioners, publications and people providing services to the College, including specialist visiting teachers, coaches and volunteers.

If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.

Personal information collected from students is regularly disclosed to their parents and guardians. On occasions it is published in School newsletters and magazines.

Parents may seek access to personal information collected about them and their son/daughter by contacting the School. However, there will be occasions when access is denied. Such occasions would include where the release would have an unreasonable impact on the privacy of others or where release may result in a breach of the School's duty of care to the student.

As you may know the School from time to time engages in fund raising activities. The information received from you may be used to make an appeal to you.

If you provide the School with the personal information of others, such as doctors or emergency contacts, you should inform them that you are disclosing that information to the School and why, so that can access that information if they wish and the School does not usually disclose the information to third parties.



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## MEDICAL FORM

### CHILD'S MEDICAL AND HEALTH INFORMATION

Does your child have any allergy or sensitivity?: Yes:  No:  Please give details:

.....

Family Doctor: .....	Address: .....
.....	Ph No.: .....
Family Doctor: .....	Address: .....
.....	Ph No.: .....
Medical Insurance Details:	
Medicare Number: .....	Patient Card Reference No.: .....
Do you have Private Health Insurance: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Please tick	
If yes, Name of Organisation: .....	
Membership No.: .....	
Schedule: .....	
Date paid to: .....	
Are you a contributing member of the Ambulance Service? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Mmemb.No .....	
Do you have a Health Care Card? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Card No.: .....	

Does your child have any medical conditions or special needs i.e.:

a. Asthma: Yes: .. No: .. Please give details.....

.....

Please contact College Nurse to obtain an Asthma Management Plan

- b Epileptic: Yes:  No:  Please give details .....
- c Eyesight problems: Yes:  No:  Please give details .....
- d Hearing problems: Yes:  No:  Please give details .....
- e Physical Disabilities: Yes:  No:  Please give details .....
- f Migraine/headaches: Yes:  No:  Please give details .....
- g ADD/ADHD: Yes:  No:  Please give details .....
- h Other: Please give details .....

.....

Is your child on any regular medication? Yes: .. No: .. Please give details

.....

Are there any medications your child should not take? Yes: .. No: .. Please give details

.....

Has a bee stung your child? Yes: .. No: .. Please give details

.....

Does your child have any dietary restrictions? Yes: .. No: .. Please give details

.....

**CHILD'S IMMUNISATION RECORD**

Has the child been immunized? Yes:  No:  Please tick If yes, please complete the tables below.

**PRE SCHOOL VACCINATION SCHEDULE**

AUSTRALIAN STANDARD VACCINATION SCHEDULE	AGE IN MONTHS					AGE IN YEARS
	2	4	6	12	18	
TRIPLE ANTIGEN						
HiB						
SABIN						
MEASLES/MUMPS/RUBELLA						
CHICKEN POX						
HEPATITIS B						
TETANUS						
MENINGOCOCCAL C						
HEPATITIS A						
TYPHOID						

Other: Give details.....

**SCHOOL AGE IMMUNISATIONS**

VACCINE	DATE OF IMMUNISATIONS		
HEPATITIS B			
HEPATITIS A			
MENINGOCOCCAL C			
TYPHOID			
VARICELLA			
TETANUS			
OTHER			
OTHER			

Students entering Prep - Year 6 will also be required to provide an Immunisation Status Certificate. This can be arranged at your Maternal & Child Health Centre and is a Victorian Government requirement for Primary School entry.

Please contact your Health Centre or the College Nurse for assistance with this requirement.

**DECLARATION AND CONSENT TO MEDICAL TREATMENT**

I/We .....(print full name/s)

A person with lawful authority of the child referred to in the enrolment form.

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform The Hamilton and Alexandra College in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at The Hamilton and Alexandra College.
- Consent to the staff of The Hamilton and Alexandra College seeking, or contacting a doctor and/or seeking an ambulance, medical, hospital treatment where appropriate, administering such medical treatment as is reasonably necessary and that I will reimburse any expenses incurred by The Hamilton and Alexandra College.

In the event of my child requiring medical treatment, should The Hamilton and Alexandra College be unable to contact me/us, I/we authorise treatment, including:

BLOOD TRANSFUSION:  
ANAESTHETICS:  
SURGERY:

Name: ..... Signature: .....

Date: .....

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