

Completion of this Confirmation of Enrolment form and its return to the School/College, acknowledges your acceptance of the Offer of Place, Enrolment Agreement and Financial Obligations. Confirmation of Enrolment takes effect only once all requirements noted in the Checklist on P7 of this document are received by the School/College.

Section 1 : Confirmation of Student Enrolment Details

School Name	<input type="text"/>	School Suburb	<input type="text"/>
Student ID (if known)	<input type="text" value="C"/>	Year Level	<input type="text"/>
Enrolment Start Date	<input type="text" value="DD/MM/YYYY"/>		
Student's Legal Surname	<input type="text"/>		
Student's Legal First Name	<input type="text"/>		
Student's Preferred Surname <i>(to be used only with Principal's approval)</i>	<input type="text"/>		
Student's Preferred First Name <i>(if different from Legal First name)</i>	<input type="text"/>		
Student's Date of Birth	<input type="text" value="DD/MM/YYYY"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 2a: Confirmation of Parent/Legal Guardian/Caregiver Details

Legal Surname	<input type="text"/>		
Legal First Name	<input type="text"/>		
Other Given Names	<input type="text"/>		
Preferred Surname <i>(if different from Legal Surname)</i>	<input type="text"/>		
Preferred First Name <i>(if different from Legal First name)</i>	<input type="text"/>		
Title (e.g. Mr/Ms/Dr)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="DD/MM/YYYY"/>		
Residential Address <i>(not a post office box)</i>	<input type="text"/>		
Postal Address	<input type="text"/>		
<input type="checkbox"/> Same as Residential Address			
Mobile Telephone Number	<input type="text"/>	<input type="checkbox"/>	(Indicate best contact order)
Home Telephone Number	<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number	<input type="text"/>	<input type="checkbox"/>	
Email Address (Personal)	<input type="text"/>		<input type="checkbox"/>

This unique Personal email address is used for all school communications including emails, parent portal, permission slips, and fee statements. Due to IT restrictions, workplace emails such as gov.au, org.au and cns.catholic.edu.au emails will not be accepted.

What is the relationship of this person to the student?

Section 2a: Confirmation of Parent/Legal Guardian/Caregiver Details CONTINUED

Occupation

(e.g. plumber, fire fighter, student, nurse)

Does this person perform any of the following roles in regard to the student?

Emergency Contact

Yes No (indicate priority e.g. 1st, 2nd, 3rd, 4th)

Legal Guardian

Yes No

Caregiver (Responsible for day-to-day care of student)

Yes No

Does this person reside with the student?

Yes No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports

Yes No

Parent Portal Access

Yes No

Newsletters

Yes No

SMS

Yes No

Invitations/eLearning (if applicable)

Yes No

Parent Slips (LG only)

Yes No

Section 2b: Confirmation of Parent/Legal Guardian/Caregiver Details

Legal Surname

Legal First Name

Other Given Names

Preferred Surname

(if different from Legal Surname)

Preferred First Name

(if different from Legal First name)

Title (e.g. Mr/Ms/Dr)

Gender Male Female

Date of Birth

DD/MM/YYYY

Residential Address

(not a post office box)

Postal Address

Same as Residential Address

Mobile Telephone Number

(Indicate best contact order)

Home Telephone Number

Work Telephone Number

**Email Address
(Personal)**

- Please provide a different email address to Parent/Legal Guardian/Caregiver 1.
- This unique **Personal** email address is used for all school communications including emails, parent portal, permission slips, and fee statements. Due to IT restrictions, workplace emails such as gov.au, org.au and cns.catholic.edu.au emails will not be accepted.

What is the relationship of this person to the student?

Occupation

(e.g. plumber, fire fighter, student, nurse)

Section 2b: Confirmation of Parent/Legal Guardian/Caregiver Details

Does this person perform any of the following roles in regard to the student?

Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No (indicate priority e.g. 1 st , 2 nd , 3 rd , 4 th)	<input type="text"/>
Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Caregiver (Responsible for day-to-day care of student)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this person reside with the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Portal Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newsletters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Invitations/eLearning (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Slips (LG only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3: Additional Contact Person

The following additional Contact Person Details refers to any person nominated by the Parent/Legal Guardian/Caregiver as providing some degree of care, acting as an emergency contact and/or having financial responsibility.

Legal Surname	<input type="text"/>		
Legal First Name	<input type="text"/>		
Other Given Names	<input type="text"/>		
Preferred Surname <i>(if different from Legal Surname)</i>	<input type="text"/>		
Preferred First Name <i>(if different from Legal First name)</i>	<input type="text"/>		
Title (e.g. Mr/Ms/Dr)	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text" value="DD/MM/YYYY"/>		
Residential Address <i>(not a post office box)</i>	<input type="text"/>		
Postal Address	<input type="text"/>		
<input type="checkbox"/> Same as Residential Address			
Mobile Telephone Number	<input type="text"/>	<input type="checkbox"/>	(Indicate best contact order)
Home Telephone Number	<input type="text"/>	<input type="checkbox"/>	
Work Telephone Number	<input type="text"/>	<input type="checkbox"/>	
Email Address (Personal)	<input type="text"/>		<input type="checkbox"/>

What is the relationship of this person to the student?

Does this person perform any of the following roles in regard to the student?

Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No (indicate priority e.g. 1 st , 2 nd , 3 rd , 4 th)	<input type="text"/>
Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Caregiver (Responsible for day-to-day care of student)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this person reside with the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Portal Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newsletters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Invitations/eLearning (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent Slips (LG only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4: Enrolment Agreement

1. The School is a Catholic School so my/our child will be educated in a faith environment and will participate in all aspects of the formal Religious Education programme, school liturgies and celebrations
2. It is a fundamental term in this enrolment agreement, that I/we support school policies, behaviour expectations, education requirements and professional advice in the best interest of my/our child and other students. Enrolment in a Catholic school is a family commitment and I/we will ensure my own behaviour and support for the school is consistent with the Code of Conduct for Parents and Volunteers, which can be found on the Catholic Education website at www.cns.catholic.edu.au.
3. I/we have fully and accurately disclosed any information required by the School in its enrolment process and understand that the commitment to keep the School informed about any changes that may affect my/our child's school life is ongoing.
4. My/our child will travel on a school bus or on any form of public or private transport where such transport is reasonably deemed by the School to be necessary or desirable.
5. I/we understand that my/our child will use computing resources connected to the internet and that they will accept conditions of use of this resource.
6. I/we acknowledge the EC - Catholic Education Information Collection Notice and will complete the necessary consent forms required by the School.
7. My/our child will attend school and participate in all activities organised or made available at school, including retreats, school camps, work experience programmes and all other outings, excursions and functions. I/we accept my responsibility to notify the School promptly if my child is unable to attend school or school activities.
8. I/we consent to the School, through the Principal or staff, seeking medical or dental advice on behalf of my/our child as it sees fit in the event of accident or illness. While every effort will be made to contact parents or care givers, if they are not reasonably contactable, and if in the opinion of an attending medical or dental practitioner or medical officer, my/our child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, I/we consent to such medical or dental practitioner or medical officer giving such attention or treatment.
9. The consent which I/we have given in paragraph 8 is valid at all times while my/our child is in the care of the School including but not limited to such times as my/our child is at school, is present at retreats, school camps or is attending or participating in a work experience programme, outing, excursion or function.
10. I/we understand that the School will take all reasonable care in the event of my/our child suffering accident or illness but that the School will not be responsible for the costs of any medical or dental attention or treatment administered to my/our child in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my/our child.
11. I/we accept that positive and supportive partnership between the School and I/we, the parent(s) of the child, is a fundamental term of this contract.
12. I/we accept that a material breach of a fundamental term in the general or financial sections of this agreement, in particular, Section 5a, paragraphs 1 and 2, may result in termination of enrolment.

Signature of Parent/Legal Guardian/Caregiver



Full Legal Name

Relationship to Student

Date Signed

Signature of Parent/Legal Guardian/Caregiver










Full Legal Name

Relationship to Student

Date Signed








Financial Arrangement Options (Please select **one** of the following **three** options)

<input type="checkbox"/> Option 1: JOINT AND SEVERAL FINANCIAL RESPONSIBILITY <i>(Both parties, each of whom are nominated as Account Holders, are jointly and severally responsible)</i> <i>Where two parties, e.g. a mother <u>and</u> father, assume joint financial responsibility for 100% of the account.</i> Both account holders will receive an individual fee statement to nominated email address		% of Fees, Levies and Charges
Account Holder 1 Full Name:		100%
Acceptance:	Account Holder 1 Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 2 Full Name:		
Acceptance:	Account Holder 2 Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
<input type="checkbox"/> Option 2: SOLE FINANCIAL RESPONSIBILITY <i>(100% responsibility is allocated to one person who is nominated as the Account Holder). Where only one party, e.g. a mother <u>or</u> a father, assumes financial responsibility for 100% of the account</i>		% of Fees, Levies and Charges
Account Holder Full Name:		100%
Acceptance:	Account Holder Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
<input type="checkbox"/> Option 3: SPLIT FINANCIAL RESPONSIBILITY <i>(Split financial responsibility is allocated to each party. Individual statements are sent to each Account Holder). Where multiple parties are financially responsible for a portion of the account, e.g. mother - 50% <u>and</u> father - 40% <u>and</u> a grandmother - 10%.</i>		% of Fees, Levies and Charges
Account Holder 1 Full Name:		___ %
Acceptance:	Account Holder 1 Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 2 Full Name:		___ %
Acceptance:	Account Holder 2 Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 3 Full Name:		___ %
Acceptance:	Account Holder 3 Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Account Holder 4 Full Name:		___ %
Acceptance:	Account Holder 4 Signature 	
Date Signed:	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	
Total (must equal 100%)		100 %

CONFIRMATION OF ENROLMENT CHECKLIST

Please ensure the following documents are signed and attached before final submission to the school.
All documents need to be returned to finalise enrolment

Documents required:

	Completed
 Confirmation of Enrolment Form	
○ <i>Acceptance of Enrolment Agreement</i>	<input type="checkbox"/>
○ <i>Acceptance of Financial Obligation</i>	<input type="checkbox"/>
 CES Information Collection Notice	<input type="checkbox"/> <i>(if applicable)</i>
 Media Consent	<input type="checkbox"/> <i>(if applicable)</i>
 Student Device and Internet Resource Consent form	<input type="checkbox"/> <i>(if applicable)</i>
 Individual School Consent forms	<input type="checkbox"/> <i>(if applicable)</i>
 Individual School Policy documents	<input type="checkbox"/> <i>(if applicable)</i>
 Enrolment Deposit	<input type="checkbox"/> <i>(if applicable)</i>

NAME OF SCHOOL: _____

SUBURB: _____

Cairns Catholic Education (CES) Information Collection Notice

This collection notice is effective from 11 June 2018.

The following notice applies to all schools and colleges, and Catholic Education Services in the Diocese of Cairns.

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 the school. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the school to provide schooling to pupils enrolled at the school, exercise its duty of care, and perform necessary associated administrative activities, which will enable pupils to take part in all the activities of the school.
2. Some of the information we collect is to satisfy the school's legal obligations, particularly to enable the school to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about pupils from time to time.
5. The school may disclose personal and sensitive information for educational, administrative and support purposes. This may include:
 - other schools and teachers at those schools;
 - government departments;
 - Cairns Catholic Education Services, other schools, the local diocese and parish and related church agencies and Catholic Education Commissions (Queensland and National);
 - medical practitioners;
 - people providing educational, support and health services to the School, including specialist visiting teachers, [sports] coaches, volunteers, counsellors and providers of learning and assessment tools;
 - providers of specialist advisory services and assistance to the school, including in the area of Human Resources, child protection and students with additional needs;
 - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority;
 - people providing administrative and financial services to the school;
 - anyone you authorise the school to disclose information to; and
 - anyone to whom the school is required or authorised to disclose the information to by law, including child protection laws.
6. Personal information collected from pupils is regularly disclosed to their parents or guardians.
7. The school may use online or 'cloud' service providers to store personal information and to provide services to the school that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the school's use of on online or 'cloud' service providers is contained in the Cairns Catholic Education Services Privacy Policy.
8. The Privacy Policy Statement, accessible on the school's website, sets out how parents or pupils may seek access to and correction of their personal information which the school has collected and holds. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, Privacy Policy and attachments 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. Any refusal will be notified in writing with reasons if appropriate.
9. The Privacy Policy Statement also sets out how parents and pupils can make a complaint about a breach of the APPs and how the complaint will be handled.
10. 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.
11. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in school newsletters and magazines, on our intranet and website. This may include photographs and videos of pupil activities such as sporting events, school camps and school excursions. The school will obtain permissions from the pupil's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos in our promotional material or otherwise make this material available to the public such as on the internet.
12. 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.
13. Catholic Education in the Diocese of Cairns is bound by the *Privacy Act (1988)* and has adopted the 13 Australian Privacy Principles (APPs). Our obligations are outlined in the Privacy Policy and Privacy Policy Statement which details practices and procedures for the use and management of the personal and sensitive information we collect and record. The policy and statement are available on our website www.cns.catholic.edu.au. A printed paper copy is available on request.
14. As part of our obligations and duty of care. If we do not obtain the personal and sensitive information referred to above, we may not be able to enrol or continue to enrol your pupil.

SIGNATURE



PRINT NAME

RELATIONSHIP to Student

DATE SIGNED

STUDENT NAME

ADDITIONAL CONTACT PERSON FORM

Additional Contact Person's Details

Additional Contact Person details in the context of this form refers to any person nominated by the Parent/Legal Guardian(s) on the basis of having **financial responsibility**, providing some degree of **care** or acting as an **emergency contact** for the student.

Student Details

Legal First Name:

Legal Surname:

Date of Birth:

CES Student ID (if known):

Additional Contact Person's Details

Title:

- Mr Mrs Miss
 Ms Dr Fr
 Sr Br Rev Prof

Gender:

- Male Female

Legal Surname:

Preferred Surname:

Legal First Name:

Preferred First Name:

Other Given Name(s):

Date of Birth:

Residential Address

- Same as Parent/Legal Guardian/Caregiver 1
 Same as Parent/Legal Guardian/Caregiver 2

Postal/Correspondence Address

- Same as Residential address

Billing Address (if required)

- Same as Residential address
 Same as Postal/Correspondence Address

Street Address:

Postal Address:

Postal Address:

Suburb/Town:

Suburb/Town:

Suburb/Town:

State:

Postcode:

State:

Postcode:

State:

Postcode:

Country (if not Australia):

Country (if not Australia):

Country (if not Australia):

Contact Method Type

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Contact Method Type

Work Telephone Number:

Work Mobile Telephone Number:

Work Email Address:

Order

Indicate best contact order

Silent

Is this number silent? Y/N

Email may be used for billing purposes Yes No

What is the relationship of this person to the student? (Tick one (1) only)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Home Stay Sister | <input type="checkbox"/> Sister | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Father | <input type="checkbox"/> Home Stay Brother | <input type="checkbox"/> Brother | <input type="checkbox"/> Legal Guardian (for Dept. of Communities only) |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Aunt | <input type="checkbox"/> Half Sister | <input type="checkbox"/> Care Provider |
| <input type="checkbox"/> Step Father | <input type="checkbox"/> Uncle | <input type="checkbox"/> Half Brother | <input type="checkbox"/> Counsellor/Social Worker |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Niece | <input type="checkbox"/> Step Sister | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Foster Father | <input type="checkbox"/> Nephew | <input type="checkbox"/> Step Brother | <input type="checkbox"/> Reg. Exchange Org |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Cousin | <input type="checkbox"/> Foster Sister | <input type="checkbox"/> Foster Brother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Friend | | |
| <input type="checkbox"/> Home Stay Parent | <input type="checkbox"/> Doctor | | |

Does this person perform any of the following roles in regards to the student?

Emergency Contact:

- Yes. Indicate the priority in which this person is to be contacted (e.g. 1st, 2nd, 3rd, 4th, etc.)
- No

Legal Guardian:

If this person is not a birth or adoptive parent, then legal documentation must be attached.



- Yes No

Caregiver:

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes No

Is this person to receive any of the following forms of Communication?

Report Cards/Progress Reports:

- Yes No

Newsletters:

- Yes No

Invitations:

- Yes No

School Portal Access:

- Yes No

Does this person reside with the student?

- Yes No

Does this person require the assistance of an interpreter?

- Yes No

SIGNATURE of Parent or Legal Guardian 1



PRINT NAME of Parent or Legal Guardian 1

RELATIONSHIP to Student

DATE SIGNED

SIGNATURE of Parent or Legal Guardian 2



PRINT NAME of Parent or Legal Guardian 2

RELATIONSHIP to Student

DATE SIGNED

ACCEPTABLE USE OF COMPUTER AND INTERNET RESOURCES - SECONDARY

Computer and internet resources are of critical importance to schools in facilitating and supporting learning and teaching. **Technology resources are provided to students for educational purposes only and must be used in a responsible manner.**

Acceptable use is guided by the following principles:

- Students must behave in an ethical manner when using digital devices, whether school owned or student provided devices (Bring Your Own Devices "BYOD") to access resources, communicate and interact with others.
- Online behaviour should always demonstrate a Christ-centred respect for the dignity of each person.
- It is never acceptable to use digital devices to harass, bully or humiliate others.
- All devices must be enrolled in the CES Mobile Device Manager (MDM) to access network and online services.

This agreement informs parents and students of our school's expectations when students are using the devices and services provided, whether by the school or BYOD, and when using their personal equipment to communicate to or about members of the wider school community. Students whose actions contradict this will be subject to the school's Behaviour Management processes. This may include the withdrawal of access to services. Unacceptable material will be supplied to the Police or other relevant agency at the discretion of the school or Catholic Education Services (CES) Cairns.

The school reserves the right to capture, store and review all online activity and content created or accessed via school-provided services. Such material is the property of the school and CES Cairns. School devices or BYOD may be taken or accessed where there is a reasonable belief that:

- There has been or may be a breach of the school rules.
- There may be a threat of harm to a student or others or system security.

Students will cooperate with a directive from the school in providing access to the BYOD.

Interaction with school staff on social media sites is only to occur in the context of a formal learning activity.

Students using school owned technology

Students and their families who use a school owned device have the following responsibilities:

- To care for the laptop/device to the best of their ability.
- To keep the laptop/device secure and protect it from any malicious damage.
- To bring the laptop/device to school each day in readiness for use in the classroom – this includes having the battery charged and digital files effectively managed.
- **To replace or repair any damaged, lost or stolen laptop/device at their own cost.**
- To return the school owned laptop/device (and any inclusions such as power cords and carry case) in good order when leaving the school.

Secondary cyber safety requirements

This section outlines ethical and safe use of ICT (Information and Communications Technology) and addresses the use of these technologies that has come to be referred to as '**Cyberbullying**' (See No 3 below). The school will investigate and take action where this kind of bullying occurs in school **and** outside of school when it causes significant harm to the relationships between students and or teachers, or is criminal in nature, or has the capacity to impact on relationships across the wider school community.

1. When using school and personal devices and services, **students will**:

- Ensure that they access the internet only within the school proxy and filtering system provided.
- Ensure that communication through internet and email services is related to learning.
- Keep passwords confidential, current and private.
- Log off at the end of each session to ensure that nobody else can use their account.
- Promptly tell their teacher if they suspect they have received a computer virus or spam (i.e. unsolicited email) or if they receive a message that is inappropriate or makes them feel uncomfortable.
- Seek advice if another user seeks excessive personal information, asks to be telephoned, offers gifts by email or wants to meet a student.
- Use appropriate privacy controls for all internet and app based activities. i.e. Location settings.
- Ensure that school services are not used for unauthorised commercial activities, political lobbying, online gambling or any unlawful purpose.
- Ensure copyright and intellectual property requirements are followed.
- Only access applications and sites as per their terms of use and age requirements (e.g. 13+, 17+).
- Seek advice and clarification from the school as soon as possible when engaging with new or unfamiliar technology.

2. When using the school services or personal mobile phones (or similar personal equipment) **students will not, and will not attempt to:**

- Disable settings for virus protection, spam and internet filtering that have been applied by the school and not attempt to evade them through use of proxy sites.
- Disable system installed apps e.g. Hapara, Company Portal, Impero.
- Allow others to use their personal accounts.
- Deliberately use the digital identity of another person to send messages to others or for any other purposes.
- Participate in 'social networking' sites without the permission of a teacher.
- Intentionally download unauthorised software, graphics or music that are not associated with the learning activity as directed by a staff member.
- Damage or disable computers, computer systems or networks or distribute damaging files or viruses.
- Disclose personal information about another person (including name, address, photos, phone numbers).
- Distribute or use information which is copyrighted without proper permission.
- Take photos or video of members of the school community without their consent.

3. When using ICT to communicate or publish digital content students will **never** include;

- Unacceptable or unlawful material or remarks, including offensive, abusive or discriminatory comments.
- Threatening, bullying or harassing material or make unreasonable demands.
- Sexually explicit or sexually suggestive material or correspondence.
- False or defamatory information about a person or organisation.
- The school name or crest without the written permission of the principal.

4. If inappropriate material is accidentally accessed students **will**:

- | |
|--|
| <ol style="list-style-type: none">1. Not show others2. Turn off the screen or minimise the window and3. Report the incident to a teacher immediately. |
|--|

Agreements

eLEARNING ACROSS THE CURRICULUM

Teachers may incorporate the use of online web tools and sites including cloud computing as part of supervised learning activities. Access to cloud computing is predicated on the provisioning of a Google Email account. The use of Google and Microsoft 365 Apps is supported by a signed agreement between Catholic Education and these providers, acknowledging their commitment in ensuring a safe and secure environment for students to use.

ICT Supported Education Activities may include:

- Accessing the internet for information relating to class work.
- Publishing work created by students, credited by students' first name only.
- Communication and collaboration with others, within the school, and organisations outside of the school (with approval from teachers).
- Use of a variety of websites, including registration and the use of personal usernames and passwords, for educational purposes including cloud computing (eg Google Apps for Education).

PARENT AGREEMENT

I/we have discussed this agreement with my/our child and we agree to uphold the expectations of the school in relation to the use of digital devices and services, both at school and, where relevant, outside of school. We understand that a breach of this policy will incur consequences according to the school's Behaviour Management Policy and that we will be responsible for replacing or repairing a school issued laptop/device that may be damaged, lost or stolen.

NAME: _____

DATE: _____

SIGNATURE: _____
(Parent/s or Caregiver/s)



STUDENT AGREEMENT

I have read and discussed this policy with my parent/carer and I agree to be a cybersafe student and always uphold these rules, both within and outside of school.

NAME: _____

HOME GROUP/PC CLASS: _____

SIGNATURE: _____

DATE: _____



NAME OF SCHOOL: _____

SUBURB: _____

ICT DEVICE CONSENT FORM

This ICT Device Consent Form must be signed and returned prior to students being granted access to an ICT device, eg Notebook Computer.

Parents/Legal Guardians are encouraged to review and discuss the contents of the **attached** *Acceptable Use of Computer and Internet Resources* and *ICT Device Guidelines* with the student and answer any questions that they may have.

By signing this Consent Form, both Parents/Legal Guardians and students:

- i. Agree that the terms of usage as set out in the *Acceptable Use of Computer and Internet Resources* and *ICT Device Guidelines* shall apply to all use of the device at all times, including use outside school and at home; and
- ii. Acknowledge that they will be responsible in the event of any breach and that appropriate disciplinary action may result.

Any queries in relation to this material should be directed to the school principal.

User Acceptance

I, the student named below hereby agree to comply with all requirements as set out in the *Acceptable Use of Computer and Internet Resources* and *ICT Device Guidelines* statement and all other relevant laws and restrictions in my usage of the Notebook Computer at all times including use outside school and at home.

NAME: _____ HOME GROUP/PC CLASS: _____

SIGNATURE: _____ DATE: _____



Parent/Guardian Consent

As the parent or legal guardian of the student named above, I grant permission for the student named above to use the ICT device.

I understand that access is granted to students subject to the restrictions contained in the *Acceptable Use of Computer and Internet Resources* and *ICT Device Guidelines* and that if breached, appropriate consequences may follow.

I acknowledge that:

- i. The School/College provides students with access to the internet in order to utilise the ICT device and participate in school learning activities;
- ii. Where the student does use the device to access the internet through internet access other than at the School/College, the School/College does not control or monitor such access, and it is my responsibility to supervise any internet access other than at the School/College using the device;
- iii. Some material available on the internet may be objectionable and in addition to the *Acceptable Use of Information and Communications Technology Resources* statement, I have discussed appropriate restrictions with the student when accessing or sharing information or material over the internet; and
- iv. The School/College has provided me with references to cyber-safety training material and information about internet service provider offerings for home internet filtering.

NAME: _____ DATE: _____

SIGNATURE: _____



MEDIA AND COMMUNICATIONS CONSENT FORM

Photographic, video, audio, communication consent and release

What is this consent form for?

Catholic Education Services, Cairns schools collect digital, photographic and multimedia images of students for a wide range of reasons, such as:

- student participation at school and in school events;
- celebrating student achievements; and,
- promotion of an individual school, and/or Catholic Education Services and/or our associated entities.

These images are considered “personal information” of students. *The Privacy Act 1988* (Cth) and the CES Privacy Policy regulates how CES schools collect, use and disclose the personal information of students and families.

CES’s Privacy Policy can be found on the CES website (www.cns.catholic.edu.au/privacy).

Media access is managed and supervised by CES and schools.

- The school and CES have the right to refuse media access where it would, in the opinion of the Principal and CES, interfere with the student’s well-being or with the operation of the school;
- Media access to CES facilities is entirely at the discretion of CES; and
- Media access to students will be managed by representatives of the school and CES.

CES schools require informed consent from parents/legal guardians and in some cases students, to use their images. The following consent form outlines various consent permissions.

Who should sign the consent form?

The student’s parents/legal guardians should sign (by submitting an electronic response) the form. If the student is legally an adult (18 years of age or over), they should also submit (in paper form) a signed copy of the form. Please contact the school to arrange this, if necessary. This ensures that the student is aware consent has been given or withheld.

Regardless of the consent type provided, parents/legal guardians should inform the student of their decision in an age-appropriate manner.

While the school and CES will make all reasonable efforts to ensure that only appropriately authorised persons complete the consent form and respond to the authorisation section, CES will not be responsible for circumstances in which it is misled as to the identity and authority of that person.

You must choose one type of consent from the options listed below.

What happens once consent form has been completed?

The consent form will become part of the student’s electronic record and retained by the school on behalf of Cairns Diocese. If requested, a copy of the form will be made available to the student and/or the student’s parents/legal guardians.

You may, at any time, amend the consent you provide by contacting the school and completing a new form.

Should you require any further information, please contact your school’s Principal.

This form is managed by CES’s Communications and Marketing office. For further information, please contact:

Communications Officer
Catholic Education Services
07 4050 9700

Consent Types and Selection

These fields are for the parents/students to complete when making their response

Photographic, video, audio, communication consent and release

You are asked to choose one type of consent from the two options outlined below



Public (broad consent)

The student / I, may be photographed, videoed or recorded, for use in media including:

- social platforms such as Facebook, Twitter, Instagram, etc
- public websites
- either school, CES or other associated entities
- that are not password protected. Published material may include:
 - public newsletters
 - performances
 - events
- public publications and promotional material
- public media events that may include:
 - student's selection in regional, state or national teams
 - visits made by VIPs to the school
 - news outlet's visits
 - publicity for the school and its events
 - participation in musical or dramatic performances or participation in community events such as ANZAC day commemorations.

By choosing this option, I authorise the school and CES to take and use any photographs, video or sound recordings of the student/me and any other reproductions or adaptations of the student's/my likeness or the student's/my work ('the material'), or the student's/my name, either in full or part, in any school, CES authorised or associated publication, production and presentation, which may include publication on public websites operated by the school, CES or associated entities (with or without password protection), social media.



None (no consent)

The student / I, will not be photographed, videoed or recorded. They / I:

- will not be photographed for formal school, class or individual photos
- will be asked to stand aside for photography, videoing and recording of performances and/or events.

I acknowledge that my child / I will not be photographed, videoed or recorded in any circumstance, other than student ID photo.

Student details

Student's Legal Name: _____

Student's Date of Birth: / /

Signature of student (optional, if the student is a minor): _____ Date: _____

If the student is under 18, both Parents/Legal Guardian/s are required to sign this consent form. If this is not possible due to extenuating circumstances, please discuss with the Principal.

Name of Parent or Legal Guardian 1: _____

Address: _____

_____ Postcode:

Signature of Parent or Legal Guardian 1: _____ Date: _____

Name of Parent or Legal Guardian 2: _____

Address: _____

_____ Postcode:

Signature of Parent or Legal Guardian 2: _____ Date: _____

Any personal information will be stored, used and disclosed in accordance with the requirements of the *Privacy Amendment Act 2001 (Commonwealth)*.