



Coorparoo Centre for Continuing
Secondary Education
Cnr Cavendish Rd & Stanley St East
Coorparoo QLD 4151
PO Box 1225 Coorparoo DC 4151
T 3394 8888 F 3394 8800



2019 ENROLMENT SUMMARY

| | |
|-----------------|--------------------|
| SURNAME: | FIRST NAME: |
|-----------------|--------------------|

| SENIOR - EXTERNAL STUDIES | CLASS CODE | ANNUAL COST | SELECTION |
|-------------------------------|------------|-------------|-----------|
| Biology – 4 QCE Credits | XBICS1A | \$100 | |
| Chemistry – 4 QCE Credits | XCHCS1A | \$100 | |
| English – 4 QCE Credits | XENCS1A | \$100 | |
| Mathematics B – 4 QCE Credits | XMBCS1A | \$100 | |
| | | | |
| | | | |
| | | | |
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| INTERNAL PROGRAM | CLASS CODE | ANNUAL COST | SELECTION |
|---------------------------------------|------------|-------------|-----------|
| English Communication – 4 QCE Credits | XECCS1A | \$100 | |

| | | |
|---------------------|------|--|
| RESOURCE FEE | \$80 | |
|---------------------|------|--|

| | | |
|--------------|--|--|
| TOTAL | | |
|--------------|--|--|

| | | |
|--|--|--------------------|
| POSITIVE NOTICE CHECK REQUEST | Date Sent: | Sender's Initials: |
| POSITIVE NOTICE EXEMPT? | Yes <input type="radio"/> No <input type="radio"/> | Reason: |
| POSITIVE NOTICE LETTER RECEIVED | Yes <input type="radio"/> No <input type="radio"/> | Date: |

| | |
|----------------|---------------|
| MOBILE: | EMAIL: |
|----------------|---------------|



Participation Agreement Form

Privacy Statement

The Department of Education, Training and Employment, through the school, is collecting your personal information in accordance with section 51 of the *Education (General Provisions) Act 2006* in order to administer the Student Resource Scheme in an efficient, ethical and secure manner. The information will only be accessed by school employees administering the scheme. Some of this information may be given to departmental employees for the purpose of debt recovery. Your information will not be given to any other person or agency unless you have given permission or the Department of Education, Training and Employment is authorised or required by law to make the disclosure.

Participation

Yes I wish to participate in the Student Resource Scheme in 2019 (Year). I have read and understand the Terms and Conditions of the scheme (see reverse) and agree to abide by them and to pay the participation fee in accordance with the selected payment arrangement below.

No I do not wish to participate in the Student Resource Scheme in 2019. I have read and understand the Terms and Conditions of the scheme (see reverse) and agree to abide by them, particularly paragraphs 12 and 36.

Please refer to the accompanying *Subject Requirements List* and/or *Year Level Requirements List* for fee details.

| Student Given Name | Student Surname | Yr Level | Participation Fee |
|--------------------|-----------------|----------|-------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |
| Total | | | \$ |

Parent Details

| | | | |
|--------------------------|----------------|---------------|--------------|
| Given Names: | | | |
| Surname: | | | |
| Address: | | | |
| Contact Numbers: | Home: | Work: | Fax: |
| | Mobile: | Email: | |
| Parent Signature: | | | Date: |

Payment Arrangement

Now: I wish to make full payment now as a single payment of the total amount above.

Instalments: I wish to make instalment payments, during the first two weeks of the first three terms, in the following proportion of the total amount: Term 1: \$ _____; Term 2: \$ _____; Term 3: \$ _____; or as negotiated with the school: _____.

I agree to make payments by the due dates and I understand that any failure to make payments by these dates may result in debt recovery action being undertaken including, where warranted, referral to an external debt collection agency at my expense.

School Use Only: Negotiated Instalments Approved: _____ Position: _____

Payment Method

I wish to make payment by:

Centrepay Deduction* **EFT** **EFTPOS Credit/Debit Card** **Cheque** **Cash ***

* **Payment** by Centrepay deduction can be arranged through the school administration.

Payment by EFT can be made to the school bank account BSB: 064-107 Account Number: 00090091 _____. To ensure correct identification of the payment, please ensure that the **EFT payment reference clearly includes the **STUDENT NUMBER, along with the characters SRS, e.g. 001461SRS.**