



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



## 2018 ENROLMENT SUMMARY

<b>SURNAME:</b>	<b>FIRST NAME:</b>
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SENIOR - EXTERNAL STUDIES	CLASS CODE	ANNUAL COST	SELECTION
Accounting – 4 QCE Credits	EACCS1A	\$100	
Biology – 4 QCE Credits	XBICS1A	\$100	
Chemistry – 4 QCE Credits	XCHCS1A	\$100	
English – 4 QCE Credits	XENCS1A	\$100	
Mathematics A – 4 QCE Credits	XMACS1A	\$100	
Mathematics B – 4 QCE Credits	XMBCS1A	\$100	
Modern History – 4 QCE Credits	XMHCS1A	\$100	
Physics – 4 QCE Credits	XPHCS1A	\$100	

INTERNAL PROGRAM	CLASS CODE	ANNUAL COST	SELECTION
English Communication – 4 QCE Credits	XECCS1A	\$100	
Prevocational Mathematics – 4 QCE Credits	XPMCS1A	\$100	

<b>RESOURCE FEE</b>	\$80	
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<b>TOTAL</b>		
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<b>POSITIVE NOTICE CHECK REQUEST</b>	Date Sent:	Sender's Initials:
<b>POSITIVE NOTICE EXEMPT?</b>	Yes <input type="radio"/> No <input type="radio"/>	Reason:
<b>POSITIVE NOTICE LETTER RECEIVED</b>	Yes <input type="radio"/> No <input type="radio"/>	Date:

<b>MOBILE:</b>	<b>EMAIL:</b>
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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 2018 (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 2018. 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.			\$
<b>Total</b>			<b>\$</b>

**Parent Details**

<b>Given Names:</b>			
<b>Surname:</b>			
<b>Address:</b>			
<b>Contact Numbers:</b>	<b>Home:</b>	<b>Work:</b>	<b>Fax:</b>
	<b>Mobile:</b>	<b>Email:</b>	
<b>Parent Signature:</b>			<b>Date:</b>

**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.**