

Legal and Financial Responsibilities

PARENTS CONTRACT

- We agree to support the special character of The Garin College Boarding Hostels.
- We agree that we shall support the undertaking given by our children to abide by the rules and policies of the Hostels basic expectations and rules.
- We understand that we shall be contacted as soon as possible in an emergency. Nonetheless, we authorise the Boarding Manager on our behalf to consent to emergency surgery/ medical care on the advice of a medical practitioner.
- We agree to pay \$1,500 per family as booking fee/bond. (This is payable on notification of your child being accepted to the Hostel the year preceding the year at which your son/daughter would like to attend). *See section C, 17 Fees of the Resident Student and Parents Handbook for details.*
- I/We understand that the Hostel trust retains the right to terminate the enrolment of our child if he/she consistently fails to comply with the hostel's rules or expectations or if his/her conduct in any incident is seriously prejudicial to other students or to staff.
- I/We have read the Resident Student and Parent Handbook and understand all obligations and expectations.

Father..... Date.....

Mother..... Date.....
(Caregiver/Guardian may sign in lieu of parent if appropriate)

HOSTEL FEES

Parents Obligations

- I/We understand that the Hostel fees at present are \$11950 and that this amount will be reviewed in Aug 2013
- I/We agree to pay the complete Boarding Fees as per one of the options below.
- I/We accept that if these payments are not made the Hostel Trust retains the right to terminate the enrolment of our child.
- I/We will also pay any mutually agreed charges for additional services or materials that the Hostel incurs, as well as costs for any breakages, damage and loss of property to the Hostel, Hostel Staff or other residents.
- Should I/we choose to remove our child/children or they are asked to leave the boarding hostel during the school year, 10 weeks notice will be required or the equivalent of the next ten weeks worth of fees will be charged. Any further moneys that may have been paid in advance will be refunded after costs are deducted.
- The Hostel Trust reserves the right to charge compounding interest on any overdue accounts, at a rate 5% above the Trusts bankers' current overdraft rate.
- Any accounts not paid within our normal terms will be handed to The Collection Company and all costs associated with the collection will be added to the account.

Initial Booking fee/ Bond (once only per family)

\$1,500

Boarding fee per annum

\$11950

Methods of payment for balance:

a) Twelve payments of \$996.00 by cheque before the 20th of each month, December through November

b) Direct Credit Option.

- Twelve monthly payments of \$996.00 by automatic transfers.

First due by 20th December 2013.

Account number 12 3158 0161588 00

To be filled out by person responsible for paying fees.

Name.....

Address.....

Signature.....

In case of hardship, please contact the Boarding Manager or Business Manager.



Hostel Personal Record

Surname

Christian names

Date of birth

Religion

Baptism

Conformation

Year

Parent's postal address.....

.....

Phone ().....

Father

Name..... Occupation.....

Work phone()..... Mobile Phone.....

E-mail.....

Address (if different to above).....

Mother

Name..... Occupation.....

Work phone()..... Mobile Phone.....

E-mail.....

Address (if different to above).....

Guardian's Name and address

.....

Phone

Medical Information



STUDENT: First Names
Surname
Date of Birth

PARENT/GUARDIAN Name(s)
Address
.....

Phone No (home).....
Phone No (work).....

ALTERATIVE CONTACT: Name..... Phone No.....

FAMILY DOTOR Name..... Phone No.....
BLOOD TYPE (if known)

Has your son/daughter been fully immunised for the following diseases?

HIB	YES /NO
HEPATITIS B	YES /NO
POLIO	YES /NO
MEASLES	YES/NO
RUBELLA	YES/NO
MUMPS	YES/NO
WHOOPING COUGH	YES/NO
DIPHThERIA	YES/NO
TETANUS	YES /NO

was the date of the last shot.....

If yes, what

Does he/she suffer from?

GLANDULAR FEVER	YES /NO
EPILEPSY	YES/NO
TONSILLITIS	YES/NO
DIABETES	YES/NO
MIGRAINE	YES/NO
ASTHMA	YES/NO

Comment (severity,frequency,etc).....

Medication used.....

Does he/she suffer from any allergies? YES/NO

(Please include food allergies)

If yes, please specify.....

Medication used.....

Is a MEDICALERT worn? YES /NO

Has he/she had any of the following removed?

TONSILS	YES/NO
ADENOIDS	YES/NO
APPENDIX	YES/NO

Does he /she suffer from any current illness / disabilities? YES /NO

If yes, please specify.....

Medication used.....

Is there any other information you think we should know about?

.....
.....
.....
.....

In case of emergency, when Parents /Guardians and alternative contacts cannot be reached, we/I authorise the Boarding Manager to seek medical treatment for our son / daughter. YES/ NO

Signed.....Parent/GuardianDate



ANTI BULLYING AND HARASSMENT CONTRACT

Bullying and harassment acts against the fundamental right of students to feel safe and treated with respect. Mother Teresa House and Francis Douglas Houses' policy is to create a caring and supportive environment.

DEFINITION:

Bullying is a pattern of behaviour by one student towards another which is designed to hurt, injure, embarrass, upset or discomfort the student.

It can be:

- Physical aggression
- The use of put-down comments or insults
- Name-calling
- Damage to the student's property
- Deliberate exclusion from activities
- The setting up of humiliating experiences
- Disrupting the ability of others to study

By agreeing to this I agree not to participate in or tolerate bullying or harassment in the boarding community as defined above.

Signed: _____
Student

Signed: _____
Boarding Manager

Date: _____

MOTHER TERESA & FRANCIS DOUGLAS HOUSE

Approved for Overnight Leave



Boarder's Name _____ Date _____

Address _____ Phone No _____

Our Son/Daughter has our permission to **Visit**; this includes staying **Overnight** with the following people:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE No</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How frequently would you expect your son/daughter to request leave from the hostel? _____

All other requests will require our explicit permission

Signed: _____ Parents/Caregivers _____



Dear Parents and Caregivers

During the summer months the boarders like to have the opportunity to go swimming in their free time. When this is a group hostel outing there is always an adult with the group. Sometimes on the weekend or after school they may request to go with their friends and no adult supervision.

Now there is an indoor swimming complex in Richmond boarders are requesting to be able to go swimming as part of their exercise programs or just for fun, quite often this can be by themselves or small groups and not normally with a hostel staff member.

To this end I ask that all parents think about their child, the risks, then complete & sign the following requests accurately please.

A. PARENTS/CAREGIVER'S PERMISSION

I give permission for my son/daughter: _____

To go swimming in the sea, rivers and participate in hostel group outings

Without adult supervision

Only with adult supervision

To go swimming in swimming pools

Without adult supervision

Only with adult supervision

I agree that he/she should take part in such activities and such necessary duties as may be required by the staff.

I understand that the Hostel Trust will not accept responsibility for loss or damage of personal property.

Signature of parent/caregiver: _____

Address: _____

Date: _____

B. RELEASE AND ASSUMPTION OF RISK

I am aware that when swimming in rivers and the sea, certain risks and dangers exist and are inherent to the activities my child will be participating in. I understand that such risks cannot be eliminated. All effort is taken to reduce these risks to an acceptable level.

I expressly agree, authorise, and consent to staff administering first aid to my child, including the injection of adrenalin in the circumstances of anaphylactic shock. I authorise staff to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary and I will meet any costs incurred.

Parents Name: _____ **Parents Signature:** _____

Garin College & Hostel Network Policy 2014

Use of the internet

I understand that the computers at Garin are for my educational purposes only and that the downloading or streaming of data for personal entertainment is not acceptable. I will not attempt to hide my internet activities by using a proxy. I will not act maliciously on the internet. I will endeavour to stream no more than 10Mb during each two weeks.

Privacy and security

I will use my network resources and facilities in an appropriate manner, only storing appropriate data on these resources; I will keep my password secure and not share any of my accounts. I will use only my accounts and not access someone else's account or information. I will always log off or lock my workstation when it is not in use.

Inappropriate Images

I will not visit sites that show pornographic, racist, or violent images or content that is generally degrading and socially unacceptable. I will not download, store or transfer such images or files.

Ethics

My actions and behavior will be ethically acceptable and I will not bring myself or family, community or school into disrepute. I will not inconvenience any member of the Garin intranet by any form of malicious act and will report any person who breaches these guidelines by telling a staff member.

Malicious Software and Script

I will not create, manipulate, circulate or collect any form of malicious software which interferes with any aspect of the intranet or its users.

Copyright

When I research information, I will check and/or ensure that it is correct. I will quote and cite the sources of my data, acknowledging and respecting the author's rights (to intellectual property). I will seek permission, where possible, before using images and audiovisual resources. I understand that music, pictures and movies taken from the internet are not necessarily my property.

Media

I understand that e mail is to be used for importing and exporting files. Larger files may be introduced to the intranet by flash drives or CD but only with the teacher's permission.

File management

I will attempt to use my file space effectively. I will delete unnecessary files and data. I will use appropriate conventions for naming and organising my work.

The intranet includes any item of software or hardware which is connected to or runs on the Garin network. This includes any personal device connected to the intranet. Once you connect to our network or use our broadband, you also accept our right to inspect your device. I accept that such devices may be taken for inspection if they are suspected to have inappropriate material or harmful programs stored on them.

I understand that the Garin intranet is designed for educational use and will abide by these rules. I accept that no aspect of my activities is private and may be inspected by the administrator. I understand that failing to follow these guidelines may result in loss of rights at the discretion of the administrator. The cost of damage or labour incurred by my acts will be covered by myself.

Signed by: _____

Date: ____/____/20____

Print Name: _____