# Boarder's Agreement

In becoming a member of The Cathedral College Boarding community, I agree that:

- 1. The school is administered on Christian principles and I am required to take part in and support the faith activities and respect the religious principles and practices of the school.
- 2. Common sense and respect for others' feelings and property should govern all my behaviour.
- 3. The role of the Boarding Staff is to provide guidance. They may act as teacher, 'parent', counsellor and disciplinarian. Following their instructions is essential to ensure a harmonious community.
- I will utilize technology appropriately at all times, complying with the College/Diocesan Technology Policy that I have signed. and realise that repeated infringements may negate my ability to possess a mobile or other such device whilst residing in boarding.
- 5. Different occasions require an appropriate style and standard of dress and behaviour.
- 6. When on leave, I am subject to School Rules and I agree to abide by leave arrangements made with the Assistant Principal Boarding, or Head of House.
- 7. Leave conditions set down by the Assistant Principal Boarding are chosen with my safety and the community's needs in mind. Some conditions may be more restrictive than I would like, but at all times the Assistant Principal Boarding is acting "in loco parentis" for students. Breaking of these conditions is serious and can undermine the structure of our community.
- 8. In a co-educational secondary school environment, certain displays of affection are inappropriate. As a general rule, spontaneous displays of affection are a necessary and healthy action. Close physical contact, kissing etc, is inappropriate. If I have visitors, I agree to have them visit me in the designated visiting areas only.
- 9. It is in my interests to:
  - learn diligently and study to the best of my ability
  - make the best possible use of the time set aside for study and periods of extra tuition, and
  - Fully participate in any co-curricular activities to which I have made a commitment.
- 10. The possession and use of drugs, cigarettes, vapes and alcohol are regarded as serious breaches.
- 11. By signing this contract, my Parents/Guardians and I acknowledge that we have fully read and understand the rules and routines outlined in the Boarding Student Handbook.
- 12. My role is to support the community by
  - Upholding the Catholic principles of the School, and
  - Assisting all students, by example, to live and study in the Boarding Community.

Students and Parent/Guardians are required to sign this agreement to indicate that they fully understand the community ethos.

Student Name:

Date:

Parent/Guardian Name:

Date:

## **MEDICAL DETAILS**

#### **STUDENT DETAILS**

Student Name:

Date of Birth:

Parent/Care Giver Name:

I authorise the Assistant Principal: Boarding to allow administration of the following medication to my child. Please tick which medication Boarding is permitted to administer to your child.

Paracetamol	Naprogesic	
Nurofen	Cold & Flu	
Telfast		
Are your child's immunisations up to date?	Yes	No

Please tick if you give staff permission to sign for the following on excursion forms and in an emergency:

Anaesthetic Blood Tra	Fransfusions
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### **MEDICAL INFORMATION**

No:		
Ref No:	Expir	y:
pain relief:	Yes	No
y Yes	No	
c)? Yes	No	
Yes	No	
	Ref No: pain relief: y Yes ic)? Yes	Ref No: Expiry pain relief: Yes No ic)? Yes No

If yes, please specify:

				-	
Is your child taking any medication regularly?		Yes	No		THE CATHEDRAL COLLEGE ROCKHAMPTON
If yes, please specify:					
Does your child have Asthma?	Yes	No			
Does your child require a preventer? If yes, an Asthma Plan must be provided.	Yes	No			
Does your child wear glasses?	Yes	No			
Does your child have hearing problems?	Yes	No			
			Provide details		
ADDITIONAL INFORMATION					
Does your child have any religious or cultural requi	irements?		Yes	No	
If yes, please specify:					
Does your child identify as any of the following: (Please select which option applies)					
Aboriginal	Both Aborigin	al and	Torres Strait Isl	.ander	
Torres Strait Islander	N/A	Other	:		
Is English your child's first language?	Yes	No			
If no, please specify:					
Is your child a competent swimmer?	Yes	No			

I understand the medication agreed upon above will only be administered before any follow-up medical treatment is pursued at a doctor's surgery, if required. Paracetamol would only be administered for low level pain relief.

NOTE: All Boarding students/parents/care givers will be required to have a personal Chemist account to enable direct billing to your own account. There will be no "recharge" facility available and prescriptions will need to be billed to personal accounts or paid for upon filling. Boarding has emergency supply of the medications listed above but students are required to supply their own for more than one-off use.

Parent/Care Giver Signature:

Date:

## ALLENSTOWN DISCOUNT PHARMACY

## **Account Application**

Date of Application:

Parent Details		
Surname:	Given Name:	
Address:		
	Post Code:	
Phone:		
Email:		
Medicare + Concession Details		
Medicare Card No:	Expiry Date:	
Health Care/Pension Number:		
Child Details		
School Name:		
Child 1		
Name:		
Date of Birth:	Medicare Ref:	
Child 2		
Name:		
Date of Birth:	Medicare Ref:	
Child 3		
Name:		
Date of Birth	Medicare Ref:	

Allenstown Discount Pharmacy | Cnr Canning + Derby Streets, Rockhampton QLD 4700 | 07 4927 6992

# **Mobile Phone Contract**

The Cathedral College Boarding Campuses have clear guidelines concerning appropriate use of mobile phones, personal laptops, smart watches and other electronic devices which are outlined in our Boarding Guidelines.

### **PARENT/CARE GIVER PERMISSION**

#### I give my son/daughter

permission to have **ONE** mobile phone at Boarding. I acknowledge that the College will not be held in any way responsible for the phone or accounts accrued through the use of the phone. I understand that he/she is required to follow the College guidelines for the use of the phone/electronic device. I understand that there are limitations to the time periods that the mobile phone may be used and that it will be collected during study and bedtimes and when deemed necessary. I acknowledge that the mobile phone will be collected by a staff member and kept in the safe for a predetermined period of time if these guidelines are not followed. This also includes the use of wireless broadband usb's/dongles/smart watches/iPods and such devices allowing internet access for any other electronic devices. These devices are permitted subject to appropriate use and any recording without consent or inappropriate use will negate this contract.

Parent/Care Giver Signature:

### **STUDENT CONTRACT**

acknowledge that the responsibility for ١, my mobile phone and any electronic and internet capable devices rests with me and that I am able to have only **ONE** mobile phone at Boarding. I agree to hand in my mobile phone to a Supervisor during all allocated quiet times including study and bedtime. I understand that I may not take my mobile phone into the dining room (except during afternoon tea), to prayer, Mass or to other places/functions that Supervisors deem inappropriate. I understand that if I do not follow these and any other guidelines that may be introduced that I will/may have my mobile taken away for a twenty-four hour period in the first instance; a week in the second instance and the entire term for the third instance. I understand that if I change phones or phone numbers I must notify the Duty Staff at Boarding and fill in a new mobile phone contract. This also includes the use of wireless internet devices/ dongles; smart watches and any such devices allowing internet access for other electronic devices.

Student Signature: Mobile Phone Number: **Description of Phone:** Model of Phone: IMEI No:

Date:

Date:

