



BHAKTIVEDANTA SWAMI GURUKULA

Hare Krishna School

Founder-acarya His Divine Grace A. C. Bhaktivedanta Swami Prabhupada

ABN: 49 186 992 589 — **Web:** www.krishnaschool.org

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PRE - K STUDENT ENROLMENT FORM

Please note that the information gathered in this form will be treated as confidential, and as such, the storage and usage of all data collected will be conducted in compliance with privacy regulations.

STUDENT DETAILS

Legal First Name/s: _____ Surname: _____

Preferred / Initiated Name: _____ **Male / Female** (circle)

Date of Birth: _____ First day attending Prep: _____

Student Identification provided: Birth Certificate ☐ Passport ☐

Note: Student must turn 4 years of age on or before 31 July.

Home Address: _____

Residing with: Mother / Father / Both / Neither (please circle)

Special Custody Arrangement or contact restrictions etc: (please detail) _____

Previous Pre-Schooling / Care

Name of School: _____ State: _____ From: _____ To: _____

Name of School: _____ State: _____ From: _____ To: _____

My child will be attending prep on: Tuesdays ☐ Thursdays ☐

Other relevant information: _____

PARENT DETAILS

FATHER

Spiritual Name / Known-as Name: _____

Surname: _____ Given Name _____

Address: _____

Email: _____

Mobile: _____ Home: _____ Work: _____

MOTHER

Spiritual Name / Known-as Name: _____

Surname: _____ Given Name _____

Address: _____

Email: _____

Mobile: _____ Home: _____ Work: _____

GUARDIAN

Spiritual Name / Known-as Name: _____

Surname: _____ Given Name _____

Address: _____

Email: _____

Mobile: _____ Home: _____ Work: _____

Primary Contact for everyday school matters: ☐ Father ☐ Mother ☐ Guardian

Preferred method of contact: ☐ Email ☐ SMS ☐ Phone ☐ Letter in schoolbag

EMERGENCY CONTACT

Name: _____ Relation to Child: _____

Mobile: _____ Home: _____ Work: _____

HEALTH

Health matters the school should be aware of, including allergies: _____

Does your child required to take any medication? If so provide details: _____

If you child has a health problem, please provide a detailed description (on a separate sheet) of how the condition is managed, and how the school can assist with managing the issue. Also, please discuss this with school admin and the class teacher. **I have attached a health management plan** ☐

Other special learning, emotional or physical issues that the school should be aware of? _____

Does your child have any diatary restrictions? _____

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Fees payable via Direct Debit:

All parents are required to set up an automatic direct debit payment so that fees are paid in full by the end of each term. You can choose how often you wish to make payments. You can calculate how much you wish to pay and how often using the figures below. Please note, \$1.10 will be charged by Pay Advantage, per direct debit.

Kindergarten to Year 12

Number of Students	Year	Term/ Quarterly	Month	Fortnight	Week
1	\$660	\$165	\$55	\$25.38	\$12.69
2	\$1000	\$250	\$83.83	\$38.46	\$19.23
3	\$1200	\$300	\$100	\$46.15	\$23.08
4 or more	\$1440	\$360	\$120	\$55.38	\$27.69

Pre-K

Per Student	Year	Term/ Quarterly	Month	Fortnight	Week
1	\$1600	\$400	\$120	\$80	\$40



Please ensure you fill in your name,
D.O.B., address, email and phone
number below. ↓

DIRECT DEBIT REQUEST

Customer Name: D.O.B.: Reference #

Customer Address:

Email: Phone:

* If debit exceeds \$1,000 per month the customer's full name, DOB, address & phone MUST be supplied along with a valid photo ID (Passport or drivers licence)

I/We request Pay Advantage® ABN 38 749 739 150, User Id 378093 to debit funds from the nominated account according to the below schedule.

One Off Debit Date / / One Off Amount \$.

Please fill in a start date that is
7 days later than the day you hand
in this form to the office

Ongoing Start Date / / Ongoing Amount \$.

Frequency
☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

Stop Debiting The debit will continue on a recurring basis (until manually stopped) unless an end goal is specified below:

☐ Amount reached \$. (Excluding any upfront amount)

☐ Date reached (No debits will occur after this date)

Fees Setup new schedule \$ Per debit \$ 1.10 Per debit Failure/Dishonour \$ 4.75

Account BSB Account Account Name

* If debiting from a joint bank account, both signatures are required.

Signature

Date

Signature

Date

Direct Debit Terms & Conditions

Changes to the initial terms can be made by contacting our client direct. Alternatively you can contact us direct on the details below.

Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) made between Pay Advantage®, our Client and You. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

In terms of the Direct Debit Request made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount and term set out in the above schedule.

Drawing arrangements

The first drawing under this Direct Debit arrangement will occur on the nominated date above. Any drawing due on a non-business day will be debited to your account on the next business day following the scheduled drawing date. We will give you at least 7 days notice in writing when changes to the initial terms of the arrangement are made. This notice will include the new amount, frequency, next drawing date and any other changes to the initial terms. The agreement shall continue as per the Term listed above. At the end of the term we may continue to debit the account on a debit by debit basis unless notified in writing that you do not wish for this to occur.

Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangements, these must be clearly outlined in writing and sent promptly to our client. Changes may include deferring a drawing, altering the schedule, stopping an individual debit, suspending the DDR or cancelling the DDR completely.

Enquiries

You should direct all enquiries first to our client and then to us, rather than to your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. All communication should include your full name and/or company name, the BSB/Account number we are debiting and return contact details. All personal customer information held by us will be kept confidential except information provided to our financial institution to initiate the drawing to your nominated account.

Disputes

If you believe a drawing has been initiated incorrectly, we encourage you to take the matter up directly with our client or us by lodging your concern in writing direct to our office. You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

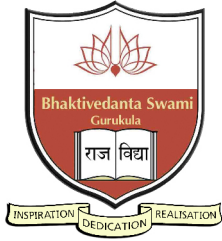
Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will schedule your account to be re-drawn with the dishonoured amount on your next scheduled payment in addition to a dishonour fee as listed above which will be drawn together with any other due payments. Any transaction fees payable by us in respect of the above will be added to this debit. Should you cancel the Direct Debit Request (DDR), instruct your bank not to make payment or more than two (2) consecutive payments are dishonoured we may cancel this agreement and the remaining scheduled amount plus all penalty charges will be due and payable.





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STATEMENT OF SUPPORT

1. I give permission for my child to take part in all school activities and understand that the teacher and school staff will be responsible for reasonable care and protection.
2. I agree with and support the school's efforts to train my child in the philosophy of Krsna Consciousness as presented by His Divine Grace A. C. Bhaktivedanta Swami Prabhupada, Founder Acarya for the International Society for Krsna Consciousness, and that I will encourage my child in this and all other areas of instruction.
3. I pledge to support the school in its efforts to maintain a positive and cooperative atmosphere in the school. I also agree to help the school staff in any behaviour management programs that may be required for my child. In this regard I understand that the school does not permit the use of corporal punishment.
4. As a parent, I agree to support the principles, practices and educational policies of the school. In this regard I understand that my views will be sought and appreciated in the development and implementation of school policy and practice.
5. I will undertake to pay the required school fees as they become due each term.

Signed:

(Father)

(Mother)

(Date)

(Date)



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DESTRUCTION OF SCHOOL PROPERTY

I/we _____ agree by signing this note to cover the replacement cost of any books, resources or other school property purposefully damaged, lost or stolen by my child.

(parent/s signature)

(date)



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PHOTO/VIDEO PERMISSION

From time to time children at the school will have their photos (or videos) taken and used for a variety of purposes. Your permission is required before we can use your child's image in public domains. Photos will always be used with the utmost care and consideration. The main public domains where images are used are listed below with a description of each category. Please take time to read each category and fill in the form below.

SCHOOL

Throughout the year we may use photographs of students within the school environment for the newsletter, within classrooms, at assembly presentations, and on our notice board. (Names of students sometimes included)

TEMPLE & ISKCON

At times photos may be used at the temple, in the New Govardhana newsletter (the Conch), or other ISKCON publications. (Names of students sometimes included)

PROMOTIONAL MATERIALS

At times we advertise in the local newspaper and on the Sunnyside poster boards. Sometimes photos (or videos) are used in news stories or in grant applications. (Names of students not included)

WEBSITE & FACEBOOK

We sometimes post images on our website (names of students not included), and to our Facebook page (first names sometimes included).

Child's name: _____

- ☐ I give permission for photographs / video of my child to be used for the above categories
☐ I do not give permission for photographs / video of my child to be used for the above categories

Additional comments: _____

Date: _____ Name: _____ Signature: _____



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PERMISSION FOR OTHERS TO PICK UP CHILD

Name of child/children: _____

I _____ give permission for my child/children to be
picked up from school by:

1. _____
2. _____
3. _____
4. _____

Comments:

Singed: _____ Date: _____