



AFL CAPE YORK HOUSE

BOARDING ENROLMENT APPLICATION PACK

If you have any questions or require assistance, please contact:

Phone: (07) 4054 5199 | Email: enrolments@aflcy.com.au

Boarding Locations:

AFLCY House for Boys: 53-75 Buchan Street, Portsmith

AFLCY House for Girls: 2L Portelli Road, Redlynch



AFL Cape York House

Enrolment Application Pack

Thank you for your interest in enrolling your child at AFL Cape York House Boarding in Cairns.

You will find below all required forms that are required to be completed and returned with copies of identification documents listed in the Enrolments Checklists.

ENROLMENT INFORMATION

Enrolment Process

- Step 1:** Enrolment Application is received with all relevant documentation and forms.
- Step 2:** AFLCYH will review the Enrolment Application.
- Step 3:** Confirmation email is sent to families & ABSTUDY Claim is submitted.
- Step 4:** Family will be contacted if an interview is offered (once ABSTUDY claim is approved).
- Step 5:** Student and Parent/Guardian are flown to Cairns for an Interview and Tour of the Facility.
- Step 5:** Final review of application (successful or unsuccessful).
- Step 6:** If successful, Student and Parent/Guardian will be flown to Cairns for Orientation and Commencement of Study.

Once AFLCYH have received the **fully completed Enrolment Application** for your child, a review of the Enrolment Application will be conducted to provide you with an outcome.

Boarding Fees

The full cost of boarding is \$36,000 per student/per year. However, your child may be eligible for ABSTUDY allowances and/or subsidies that could reduce the full/partial cost of boarding. Should you be income tested and not 100% ABSTUDY eligible, we will ask you to pay the difference each term.

ABSTUDY covers the cost of boarding and school fees only, depending on your eligibility. Private schools will incur a school and boarding shortfall. Please discuss fees and payments with the boarding facility and school, during the interview process.

Not ABSTUDY eligible: Private boarding fee = \$36,000 per student/per year (including paying for own travel as all Boarding Student travel is booked through ABSTUDY)

Boarding Payments

Boarding/School Expenses	Cost to Parent	\$1,000 per student/per year, due in full at the start of each year or CentrePay form to start at the beginning of the year. Please refer to 'Expenses Information Sheet' on next page	Payment options: <ul style="list-style-type: none"> ▪ Credit card ▪ Bank direct debit ▪ CentrePay deduction Please discuss with Boarding Team during boarding induction
Laptop Hire Scheme	Cost to Parent	Please refer to the 'Laptop Hire Scheme' form attached separately	



EXPENSES INFORMATION SHEET

Boarding Expenses- What is Covered

SCHOOL EXPENSES	School Expense	Parent/ Guardian Responsibility – Invoiced Separately
Excursions	✓	✗
Camps	✓	✗
School photos	✓	✗
Stationery	✓	✗
School subject extras i.e. Home economics / hospitality (cooking)	✓	✗
School extras i.e. sports carnivals / bus or sporting fees	✓	✗
School uniform (parent to purchase prior to commencement of boarding)	✗	✓
School shoes (parent to purchase prior to commencement of boarding)	✗	✓
School sport representative trips i.e. peninsula sport	✗	✓
Laptop (parent to purchase prior to commencement of boarding)	✗	✓
BOARDING – LIVING EXPENSES	Boarding Expense	Parent/ Guardian Responsibility – Invoiced Separately
Medication (please supply medication/ prescription at commencement of boarding and each term)	✓	✗
Shoes/ Football Boots	✗	✓
Property damages	✗	✓
Phone / tablet charging cords and accessories	✗	✓
Physiotherapy / medical treatment	✗	✓
Dental Expenses	✗	✓
Sports equipment i.e. footy boots, mouth guard, shoulder pads, head guard	✗	✓
Community / sports club representative trips i.e. Crusaders, Queensland	✗	✓
Haircuts (parent/ student to pay for during term/ year)	✗	✓
Bank Account/ Key Card (parent to organise prior to commencement of boarding)	✗	✓
Phone Credit/ Pocket Money (parent/ student to purchase)	✗	✓

Please ensure that your child has everything they require for boarding and school, at the start of each term, as per the "Boarding Checklist"

Please Note: Parent/Guardian will be contacted prior to any expenses being incurred for a student.



APPLICATION CHECKLIST

To assist you with your child's application, please follow the checklist below.

Enrolment Checklist		Action	
Enrolment Forms required to be completed and returned*			
Expenses Information Sheet	<input type="checkbox"/>	Read & Understand (keep for own copy)	
Student Information Form	<input type="checkbox"/>	Fill in and complete (Page 1)	
Family & School Contact Information Form	<input type="checkbox"/>	Fill in and complete (Page 2)	
Student Medical Information Form	<input type="checkbox"/>	Fill in and complete (Pages 3)	
Medical Consent Form	<input type="checkbox"/>	Fill in and complete (Pages 4)	
Photo Publicity & Social Media Consent Form	<input type="checkbox"/>	Fill in and complete (Page 5)	
Excursions & Activities Conditions and Consent Form	<input type="checkbox"/>	Fill in and complete (Page 6)	
Student Agreement Form	<input type="checkbox"/>	Fill in and complete (Page 7)	
Parent Consent & Agreement Form	<input type="checkbox"/>	Fill in and complete (Page 8)	
Additional Forms required to be completed and returned* (<i>Attached Separately</i>)			
Laptop Hire Scheme (if required)	<input type="checkbox"/>	Fill in and complete	
ABSTUDY Authority to Enquire Form	<input type="checkbox"/>	Fill in and complete all Q's where required.	
Centrepay Deduction Authority Form	<input type="checkbox"/>	Fill in and complete all Q's where required.	
Copies required*			
Birth Certificate	<input type="checkbox"/>	Colour Copy required	
Medicare Card	<input type="checkbox"/>	Colour Copy required	
Health Care Card	<input type="checkbox"/>	Colour Copy required	
Parent ID	<input type="checkbox"/>	Colour Copy required	
Immunisation Record	<input type="checkbox"/>	Copy required	
Semester 1 & 2 Report (most recent)	<input type="checkbox"/>	Copy required	
NAPLAN results (most recent)	<input type="checkbox"/>	Copy required	
Reference Letter from Community/School	<input type="checkbox"/>	Copy required	
Claim to be submitted once you submit this application*			
ABSTUDY Claim	<input type="checkbox"/>	Call 1800 132 317 to submit a claim.	
Partner Schools – select one* (<i>School Enrolment to be completed</i>)			
Redlynch State College – Girls House Catchment area	<input type="checkbox"/>	Smithfield State High School	<input type="checkbox"/>
Trinity Bay State High School – Boys House Catchment area	<input type="checkbox"/>	St Mary's Catholic College	<input type="checkbox"/>
Cairns State High School	<input type="checkbox"/>	Bentley Park College	<input type="checkbox"/>
St Andrew's Catholic College	<input type="checkbox"/>	MacKillop Catholic College	<input type="checkbox"/>
Woree State High School (Expression of Interest)	<input type="checkbox"/>	Newman Catholic College	<input type="checkbox"/>



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STUDENT INFORMATION

Personal Information

Surname										
Given Name(s)										
If known by another name										
Date of Birth	___ / ___ / _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
Student CRN (ABSTUDY)										
Home Address										
Community										
Do you identify as?	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither						
Language spoken at home			Clan Group (if known)							
Are there any current any Court Order(s) in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>*If YES, please provide a copy with this application</i>							

School Information

Year of Enrolment	20__ __	Year Level	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12		
Partner School Selected										
Current School										
Has your child ever been assessed by a Specialist for learning difficulties/ developmental or behavioural issues?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your child ever had an Individual Learning Plan?								<input type="checkbox"/> Yes	<input type="checkbox"/> No	

***If YES, please attach supporting documentation**

Student ABSTUDY & Identification

Is the student ABSTUDY Eligible?	<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Copy of Medicare Card Provided?	<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Copy of Birth Certificate Provided?	<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Place of Birth			State							
Tax File Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide TFN							

Student Connections / Relatives

Do you have any siblings/family members attending AFL Cape York House for Boys/Girls?

Full Name (1)		Relation to Student	
Full Name (2)		Relation to Student	

Bursary Grants Funding

If your child is eligible for a Bursary/Grant or Funding; please ensure you apply in preparation for your child/ren to commence boarding.

Can you confirm the Bursary Grants?	
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FAMILY & SCHOOL CONTACT INFORMATION

Parent/ Guardian Information (1)

Full Name		Relationship to Student	
Date of Birth		CRN (Centrelink)	
Mobile Number		Phone Number	
Residential Address (Town/Postcode)			
Email Address			
Are you the ABSTUDY Claimant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you the legal guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you attached a color copy of your DRIVERS LICENCE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Parent/ Guardian Information (2)

Full Name		Relationship to Student	
Date of Birth		CRN (Centrelink)	
Mobile Number		Phone Number	
Residential Address (Town/Postcode)			
Email Address			
Are you the ABSTUDY Claimant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you the legal guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you attached a color copy of your DRIVERS LICENCE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Emergency Family Contact

Full Name		Relationship to Student	
Date of Birth		CRN (Centrelink)	
Mobile Number		Phone Number	
Residential Address (Town/Postcode)			
Email Address			

School or Community Reference Contact

Full Name		Relationship to Student	
Mobile Number		Phone Number	
Work Address (Town/Postcode)			
Email Address			

Student Reference Letter: As part of this Enrolment Application, we ask for a reference letter that speaks to the student not only academically, but as a person and we welcome your insight into how this student will succeed in our Boarding Environment.



STUDENT MEDICAL INFORMATION

Student Personal Information

Student Name					
Community Health Centre					
Family Doctor's Name			Phone Number		
Medicare Card Number			Ref No.		Exp.

Immunisations

Has your child been fully immunised? <i>Please attach a copy of immunisation register from your doctor or Medical Centre</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Illness

Is your child under medical treatment at present or taking any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Give Details:

Does your child suffer from any of the following? (Please Tick)

Asthma / bronchitis / breathing problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches / migraines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies to any substance, medication, foods, bites or stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing problems / wears hearing aids / ear infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vision / Eye problems / wears glasses / contact lens	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tooth Decay or other dental problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic Heart Disease / Heart Murmur / Chest Pains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis A, B or C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes Type 1 / Type 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy or Fits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TB sickness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney disease or other kidney problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anxiety / Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia, leukemia or any other blood diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Panic Attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **YES** to any of the questions, can you please provide more information:

Behavioural and Learning Conditions? (Please Tick)

Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intellectual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social/ Emotional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autism/ Asperger's	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADD/ ADHD / OCD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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MEDICAL CONSENT

Do you give permission for?

AFLCY House staff to administer Panadol to your child (if necessary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AFLCY House staff to administer prescribed medication as instructed by a doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to participate in School and Medical Health Programs (including health assessment by a doctor, immunisation, health referrals and well-being programs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to participate in Wellbeing and Health information sessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head lice checks and treatment for your child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to receive dental assessment and treatment if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to receive treatment for vision / hearing / speech if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to undergo counselling with a professional Counsellor if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to receive Allied Health Services i.e., physiotherapy if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child to receive basic over-the-counter pharmacy treatments as required for minor health needs. This may include, but is not limited to, Vicks chest rub, antifungal creams, antiseptic creams (such as Savlon, Dettol, or Betadine), throat lozenges, ice gel or heat rub, treatments for boils or minor skin infections, scabies treatment, eye drops or ointments, ear drops, rash or bite treatments, insect repellent, and sunscreen.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **NO** to any of the questions, can you please provide more information:

Parent/Guardian Consent for Emergency Treatment & Release of Medical Information

I give permission to the Manager or a Senior Supervisor AFLCY House to initiate immediate First Aid or Hospital care for my child and to sign on my behalf for any treatment in the event of a medical emergency if I cannot be contacted.	Yes <input type="checkbox"/>
I agree to pay for any medical / dental / physiotherapy / counselling costs not covered by Medicare. You will receive a phone call to discuss any treatment that requires further consent and payment.	Yes <input type="checkbox"/>
I give permission to the Staff at AFLCY House to initiate immediate First Aid or Hospital care for my child and to sign on my behalf for any treatment in the event of a medical emergency if I cannot be contacted.	Yes <input type="checkbox"/>
Your local Health Centre may have medical information about your child which could help the Staff at AFLCY House to care for your child's health better. If necessary, some of this information may also be provided to the school which your child will attend. All information is kept strictly confidential. I _____ (Parent/Guardian Name) give permission for the Community Health Care Centre/ Hospital in _____ (Community Name) to give the Staff of AFLCY House information from my child's medical records if necessary. I understand that some of this information may also be given to the school which my child attends if necessary.	Yes <input type="checkbox"/>

Parent/Guardian Signature	Date
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IMAGES, RECORDING, PUBLICITY & SOCIAL MEDIA CONSENT

Student Name

Consent of publication of a student's photo, recording and work.

I understand that my child may be included in images and recordings (including photographs, video, and audio) taken during activities, programs, and events. I understand that these images and recordings may be used for promotional, educational, and reporting purposes, including in print materials, websites, social media, and other digital platforms managed by the organisation. I acknowledge that no personal identifying information will be published without additional consent, and that all use will be appropriate and respectful.

Photos may be used/captured for the following publicity and social media events:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	AFL Cape York House - Newsletter, Social Media, Facebook, Twitter, Media Outlets and Website
<input type="checkbox"/> Yes	<input type="checkbox"/> No	AFL Cape York House Foundation - Newsletter, Social Media, Facebook, Twitter, Media Outlets and Website
<input type="checkbox"/> Yes	<input type="checkbox"/> No	AFL Cape York - Newsletter, Social Media, Facebook, Twitter, Media Outlets and Website
<input type="checkbox"/> Yes	<input type="checkbox"/> No	AFL Cairns - Newsletter, Social Media, Facebook, Twitter, Media Outlets and Website
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local Newspaper and Radio
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cultural events and performances
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Production and sale of creative works and merchandise for fundraising purposes, including projects such as the ME. Exhibition photography and related publications, where a student's image, artwork or creative contribution may be included, with all proceeds going directly back into AFL Cape York House programs.

CCTV Notice: For the safety and security of all residents, staff and visitors, our boarding houses are equipped with CCTV cameras. These cameras are installed in common areas and are monitored to ensure a safe living environment. By signing this form, you acknowledge the presence of CCTV on the premises and consent to the recording and monitoring of your child's activities in these areas. The footage is kept secure and used solely for safety and security purposes.

Parent/Guardian Consent for Images, Recording, Publicity & Social Media

I give permission for my child to be included in images and recordings (including photographs, video, and audio) during all AFL Cape York House activities. I understand that, if selected, these images and recordings may be used for sporting, educational, reporting, and promotional purposes, including in print materials, websites, and social media platforms, as outlined above.

Parent/Guardian Signature

Date



EXCURSIONS & ACTIVITIES CONDITIONS AND CONSENT

Student Name

Participating in a range of recreational and sporting activities is a key part of boarding at AFL Cape York House ("The House"). We require parents/guardians to acknowledge that it is a reasonable expectation that while their children board at The House they may volunteer to participate in a number of recreational, sporting and leisure activities organised by The House.

Listed below are activities your child may be privileged to.

Excursions and Activities (Risk assessment is completed for all activities)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	House activities – camps, activities, games and sport
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shopping - trips to local supermarkets
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visiting shows - fairs, Cairns Show, CIAF, Reef Festival
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spectator - at sporting events such as local AFL, soccer, basketball and other sporting games
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mild adventure activities - e.g. archery, paddle boarding, skating, fishing, bike riding, golf, kite flying, Jump Mania, Laser Tag
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visiting - other community organisations and places such as schools and libraries
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regional and local parks - nature reserves, national and skate parks including beaches and playgrounds
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attend leisure activities - events and activities put on by partner Schools such as outdoor shows, cinemas and other events
<input type="checkbox"/> Yes	<input type="checkbox"/> No	School, Clontarf/Stars and social events - school and community youth events, camps, retreats, activities and concerts. *Clontarf/Stars participation and permission form completed by Boarding Manager on behalf of parent/guardian
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swimming - at patrolled beaches and unpatrolled swimming pools, beaches, creeks and water holes supervised by AFLCYH staff who have completed their Bronze Medallion training
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cultural events – attending/performing at school and community events. Parents will be contacted if travel is required outside of the Cairns area
<input type="checkbox"/> Yes	<input type="checkbox"/> No	School, Sporting events and Representative trips – parent/guardian will be contacted if travel is required outside of the Cairns area

Parent/Guardian Consent for Excursion & Activities Conditions

I give consent for my child to participate in the activities listed (above) and understand that whilst AFL Cape York House will endeavour to notify parents of planned activities, my consent is not required on every occasion that my child volunteers to participate in.

Parent/Guardian Signature

Date



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BOARDER AGREEMENT

If my application is successful, I agree that as a Boarder at AFL Cape York House, *I must:*

School	<ul style="list-style-type: none"> ✓ Attend school to reach my 85% School Attendance, my priority is to attend secondary education in Cairns. ✓ Follow & Adhere to Selected Partner Schools Enrolment Expectations, Codes of Conduct and Rules to the best of my ability. ✓ I will make sure I am school ready with the correct uniform, correct school supplies in my backpack and lunch packed. ✓ Actively participate in learning sessions with the Teacher and Student Mentors to ensure all assessments or school work are completed and submitted on time.
Boarding	<ul style="list-style-type: none"> ✓ Follow & Adhere to AFLCYHG Rules, Routines, Expectations & Standards to the best of my ability. ✓ To act in a manner that supports my safety and the safety of others. ✓ Hand in all technology (if required) to ensure I am refreshed and ready for school every morning. ✓ As a boarder at AFL Cape York House, I commit to getting involved, building strong life skills, and making the most of every opportunity — while having fun along the way.
Wellbeing	<ul style="list-style-type: none"> ✓ Access support from staff and the wellbeing team whenever I am unwell, experiencing difficulties, not feeling my best, or in need of someone to talk to. ✓ Participate in physical activity to stay fit and healthy.
Culture	<ul style="list-style-type: none"> ✓ Partake in Cultural learning, sharing and activities. Culture is the most important part of my journey and I will continue to strengthen my identity whilst I am away from Community. ✓ Be a leader within the cultural space and encourage my peers.
Property	<ul style="list-style-type: none"> ✓ I agree to treat AFL Cape York House as my 'Home Away from Home' with care and respect. I understand that I will be held accountable for any damage I cause, and the associated costs may be charged to my family.

Boarder Consent

I understand these conditions and my responsibilities as a boarder of AFL Cape York House and commit to following them, if I do not, I understand that my enrolment will be at risk of being withdrawn.

Name		Signature		Date	
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PARENT CONSENT & AGREEMENT

I Understand,

Information Collection and Use, Disclosure

Information we collect: AFL Cape York Limited collects personal and sensitive information about students and their parents/legal guardians before and during enrolment at our residential boarding facilities. This may include education, health and Child Protection information, as required by law. Information may be updated from time to time.

Purpose of collection: This information is collected to provide quality boarding services and to meet legal obligations, including the duty of care owed to students and their parents/legal guardians.

Disclosure of information: Information may be shared for administrative and educational purposes with AFL Cape York Limited staff, partner schools, medical practitioners, service providers, and State or Federal government departments where required. Student information may also be shared with parents/legal guardians and, at times, student achievements and activities may be published in newsletters, magazines, or on our website.

If you provide personal information about others (such as other parents, doctors, or emergency contacts), you should inform them that their information has been shared with AFL Cape York Limited, explain why, and advise that they may request access.

Our privacy position: AFL Cape York Limited is bound by the Privacy Act (1988), and has adopted the thirteen (13) Australian Privacy Principles. A privacy statement detailing AFL Cape York Limited's practices and procedures for the use and management of the personal and sensitive information it collects and records can be accessed on the Organisation's website <http://aflcy.com.au>.

Important notice: If required information is not provided, enrolment may not be possible. By submitting this form, you confirm your understanding and agreement with this information.

Parent Consent / Agreement

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I consent to AFL Cape York House to communicate on my behalf to make decisions that affect my child within Boarding, School and other Extra-Curricular Activities.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree to pay a contribution fee to the Boarding Expenses. This payment will cover the general expenses of your child whilst they board at AFLCY House. (I have read what this covers on the Boarding Expenses form)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree that we must undertake all ABSTUDY Travel booked. I agree to inform AFLCYH of any amendments or cancellations BEFORE the travel date.

Parent/Guardian Signature

I have completed this application form and attached copies of all the required documents with this application for enrolment.

I understand that filling out this form or being offered an interview does not mean my child will automatically be accepted into AFL Cape York House, as final decisions are based on enrolment criteria.

Signature		Name		Date	
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