



Horizons College of Learning and Enrichment

Enrolment Application Form

Student's Name: _____

Application for enrolment into year level: _____ in 20 _____

The Australian Government requires each school to collect mandatory data as part of its funding agreement. These mandatory data areas are collected through questions marked with an *.

OFFICE USE ONLY			
Date application received:		Date offer made:	
Date entered into system:		Date confirmed:	
Entered in system by:		Interview date:	
Student code:		Cancellation/Reason:	
Family code:		Completion date/reason:	

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P 5428 0104 F 5428 0456 admin@horizonscollege.qld.edu.au www.horizonscollege.qld.edu.au

STUDENT DETAILS

Surname: _____ First Names: _____

Preferred Name: _____ Student's own mobile number (if applicable): _____

Home Address: _____

Student Health Care Card: Yes No If Yes, card number: _____

MANDATORY INFORMATION – PLEASE COMPLETE IN FULL WHERE REQUIRED

Date of Birth: ____ / ____ / ____ *Country of Birth: _____ (if not Australia, complete grey box below)

Have you supplied a copy of the young person's birth certificate? Yes No

Is the student Aboriginal? Yes No Torres Strait Islander? Yes No Both

*Date of arrival in Australia: ____ / ____ / ____

Type of Resident: Australia Citizen Yes No Permanent: Temporary:

*Visa Category: _____ Visa No. _____

Is the student in receipt of ABSTUDY? Yes No

Does the student, or any other family member living in the home, speak a language other than English at home?

No, English only Yes, specify one language only _____

Student's place in family (eg 1st of 5): _____ No. of sisters: _____ No. of brothers: _____

Is the student registered with a Job Active agency? Yes No

If yes, which JA? _____ JA Contact Person: _____

Phone Number: _____ Suburb: _____

Please list ALL of the schools your son/daughter/student has attended in the last 4 years. If more than one school was attended in any single year, please list ALL schools attended that year.

Year	List all schools attended and year level undertaken (eg Caboolture SHS, Year 9)
2018	
2017	
2016	
2015	

LEGAL INFORMATION

Are there any legal issues concerning the student including custody situations?

No Yes. **Provide relevant legal documentation. Provide detail:** _____

STUDENT MEDICAL HISTORY & MEDICARE NUMBER

Student's Medicare number: _____ Ref: _____ Expiry: _____

Does the student have a medical condition? If so, please indicate if severe or not.

SEVERE

Medical Condition			SEVERE		Medication (if any)
	Y	N	Y	N	
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies (ie. peanuts, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please provide details below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If yes to any of the above, please provide details below and **attach medical documentation** if you have it.

Name of family doctor: _____ Contact phone number: _____

Please provide a copy of the young person's current vaccination record (available from your family doctor or via your MyGov account).

EDUCATIONAL SUPPORT INFORMATION

Does the student have an Education Adjustment Profile (EAP)? Yes No Not sure

If yes, in what category of the EAP has the student been **formally** verified?

- Autistic spectrum disorder Vision impairment
- Intellectual impairment Speech/language impairment
- Hearing impairment Social/emotional disorder
- Physical impairment

Has your student been **formally** diagnosed with:

- Hearing disability eg ADHD
- Central auditory processing dysfunction

Please attach the **EAP DOCUMENTATION**. You may need to obtain it from your student's previous school if you do not have a copy. **THIS WILL BE A REQUIREMENT OF ENROLMENT ACCEPTANCE** if your student has been diagnosed previously.

Do you believe that your student suffers from any of the following, but has not yet been **officially diagnosed** for this? Yes No Not sure

Please indicate if you suspect any of the following conditions exist:

- Autistic spectrum disorder Vision impairment
- Intellectual impairment Speech/language impairment
- Hearing impairment Social/emotional disorder
- Physical impairment Learning disability (eg ADHD)
- Central auditory processing dysfunction (CAPD) (listening, speaking, difficulty focusing during conversation, etc.)?

What is the name and contact number of any specialist your student has seen in the past 4 years in relation to any disorders or learning difficulties?

Name of Specialist _____ Contact Phone number _____

Has the student received support in any of the following areas?

Type	Please tick	Please circle the year levels	Further information
Gifted and Talented Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	
Learning Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	
English as a Second Language (ESL) Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	
Professional Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	P 1 2 3 4 5 6 7 8 9 10 11	<i>(eg Name & contact details of Counsellor)</i>

Are there any other factors that could affect the student's ability to learn and/or participate in ALL school activities including sport (eg medical, emotional, developmental)? If so, please specify and attach any reports, etc. from medical practitioners.

Has your student ever been suspended from a school? YES / NO (Please circle)

If 'YES', what were the reasons for the suspension? From which school/s did your student receive a suspension and which year/s.

Has your student even been excluded from a school? YES / NO (Please circle)

If 'YES', what were the reasons for the exclusion? From which school/s has your student been excluded and which year/s?

I hereby state that I have provided Horizons College with full details of my student's past history of schooling including but not limited to suspensions and exclusions.

Signature

Date

STUDENT LIVING ARRANGEMENTS

Student lives with:

- Both parents at the same residential address
- Shared care arrangement with parents living at different addresses. Please specify arrangements for each parent (*eg alternate weeks, weekends only, etc.*) and provide partner details, if applicable, in the table below.

Mother: _____ Father: _____

- Other living arrangements – please outline

If student lives in a shared care arrangement with his/her parent and adult who is not the student’s parent please provide details of the parent’s partner.

	Mother’s Partner	Father’s Partner	Partner of Caregiver
Title			
Surname			
Given Names			
Residential Address			
Mailing Address			
Email			
Home Phone			
Mobile Phone			

PARENT/GUARDIAN DETAILS

	Mother	Father	Caregiver (other than parent)
Title			
Surname			
Given Names			
Residential Address			
Mailing Address			
Email			
Home Phone			
Mobile Phone			
Business Phone			
Employer			
Country of Birth			
Language(s) spoken			
Parent Health Care Card			

The following questions are MANDATORY and must be completed to enable Horizons College to meet Government and legislative reporting requirements.

	Mother	Father	Caregiver (other than parent)
What is your highest year of school? Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent			
What is your highest qualification? Bachelor degree or above Advanced Diploma/Diploma Cert I to IV (Trade certificate) School qualification			
What is your occupation group? 1. Senior management 2. Other business managers 3. Tradesperson, clerks & skilled office, sales & service staff 4. Machine operators, hospitality staff, assistants, labourers 8. Other occupation 9. Not in paid work in the last 12 months OR unknown			

EMERGENCY CONTACT INFORMATION

Emergency Contacts

Emergency mobile contacts (2 required). These will be used in the case of an emergency.

Name: Relationship to Student: Mobile:	Name: Relationship to Student: Mobile:
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Do we use these same numbers to advise of non-attendance? If not please advise which number/s:

RELEASE OF INFORMATION – CONSENT AGREEMENT

In order to best meet your student's needs, it may be necessary for Horizons College to liaise with the last school attended by your son / daughter. Under the current privacy legislation, schools are not at liberty to divulge information about any student; therefore, we require permission from you as parents/guardians in order for us to request and discuss any relevant information.

Please sign the Consent Agreement below.

I/We _____ give permission to Horizons College of Learning and Enrichment to obtain information from and give relevant information to the previous school, specialist practitioners, etc. about my/our

Student _____
(Student Name)

I/We have been assured that such communication shall be conducted by the College in the strictest of confidence.

Signed: _____
(Parent/Caregiver 1)

Signed: _____
(Parent/Caregiver 2)

Date: ____ / ____ / ____

Date: ____ / ____ / ____

DECLARATION

I/We:

- certify that the information provided in this enrolment application is true as at the date of application and that there is no information relating to this enrolment that has been omitted.
- understand that if any of the information disclosed in this form changes (eg address, learning support assessments, etc.), additional information will be forwarded to the College immediately
- understand that this application does not constitute enrolment. All applications will be acknowledged and the outcome advised in due course. In order to keep this application up-to-date, I/we will continue to forward school reports and other relevant information as further documentation come to hand
- have read and understand the requirements of students, parents/guardians and Horizons College, as outlined on the College website and stipulated in the:
 - Workplace Health and Safety Policy
 - Dress Standards Policy
 - Anti-Bullying Policy
 - Policy for Students with a Disability
 - Child Protection Policy
- agree to pay a once only, up front (non-refundable) fee of \$50 covering enrolment registration, school polo shirt and locker padlock (padlock remains the property of the school and any damage or loss of the padlock will incur a \$20 replacement fee)
- agree to pay \$20 a week towards school resources, activities and breakfast club refreshments*
- agree/do not agree for our student's photograph to be used in promotional materials for the school (if yes, please complete attached permission form).
- allow the College to access medical care for our student if required
- agree that if the parent/caregiver is not contactable we give permission for our student to leave school to return home if the Principal is suspending or excluding the student.

Signed: _____
(Parent/Caregiver)

Signed: _____
(Parent/Caregiver)

Date: ___ / ___ / ___

Date: ___ / ___ / ___

*(*If a student is excluded or withdrawn by a parent/caregiver, a refund will be provided as at the date of withdrawal or exclusion, provided the parent/giver has advised the College IN WRITING of the withdrawal AND a REQUEST for REIMBURSEMENT form has been completed by the parent/caregiver. Where a student has been previously granted exemption from all/part of this levy, no reimbursement will be given i.e. only those paying the full \$20 per week will be eligible for a refund).*

CHECKLIST

Please check that you have supplied the following:

- | | |
|---|---|
| <input type="checkbox"/> Copy of birth certificate | <input type="checkbox"/> Copy of any Family Court Orders that apply |
| <input type="checkbox"/> Copy of Education Adjustment Plan from previous School, if applicable | <input type="checkbox"/> Copy of NAPLAN Test Results: Year 7 Year 9 |
| <input type="checkbox"/> Copy of most recent school report | <input type="checkbox"/> Copy of visa documentation if applicable |
| <input type="checkbox"/> Copy of any medical reports discussing disorders or Learning difficulties | <input type="checkbox"/> Other documentation |
| <input type="checkbox"/> Copy of supporting documentation, eg Medical / Specialist Reports, Education Plans, school learning support assessments and medical documents including action plans | |

MARKETING INFORMATION

To assist us in directing our marketing efforts towards our target audience, being those families with students for whom Horizons College may best assist, please tell us how you heard about us:

- Website
- Facebook
- Local newspaper
- 4510TV.com
- Family member
- Family friend
- Current or previous school
- Other (please list below)

STUDENT AGREEMENT CONTRACT

As a student of Horizons College, I hereby agree to abide by the rules outlined below (as well as any new rules subsequently enforced by the school). I accept the consequences if I breach these rules.

	Rule	Consequences of not following rule may include
1	Not putting rubbish in bins – in Rec room or in grounds	Students are warned that rubbish needs to go in bin. If areas are still left untidy, all students are to clean in the following break (no food unless it is totally clean in yard and rec room). The time it takes to clean will come out of break time.
2	Adhering to 90% attendance rule	Admin staff to check rolls every 2 weeks. Anyone not meeting 90% attendance over those 2 weeks, parents/caregivers to be contacted. If attendance doesn't improve, cancellation of enrolment may occur.
3	Not handing in phone at gate	If a student doesn't hand in his/her phone at the gate and is found to have it on them, they are to be suspended. They will need to make a case for re-entry and sign a PRIDE agreement moving forward.
4	When leaving or arriving, do not smoke this side of the bridge (ie if you have to smoke at all!) Smoking is a health hazard!	If a student needs to be constantly reminded about this, they are to complete a PRIDE behaviour form with Jan ... persistently doing this still and parents/caregivers will be advised.
5	Bullying	If you are being bullied, alert staff immediately. Bullying will not be tolerated and any repeat offence may result in cancellation of enrolment.
6	Physical violence	Cancellation of enrolment – if a student is hit or otherwise physically hurt, if the other student retaliates, both students will have their enrolment cancelled. VIOLENCE IS NEVER THE ANSWER!
7	Dress code	Dress code is to be adhered to. No short shorts (shorts must be at least to mid-way between thigh and knee) – no bare midriffs and no singlet or low-cut tops. No rude graphics or drug references allowed on clothing. Students will be expected to wear a shirt provided by the school for the day (if it is a shirt that is the problem). If student refuses or shorts are too short, student will be sent home for the day.
8	Students are not to have any smoking bits and pieces on them at all in the grounds – must keep in bags in lockers and keep totally out of sight when at school, or until other side of bridge when leaving ie nowhere in sight of school. This includes e-cigarettes, lighters, papers, tobacco, cigarettes, matches etc.	Student will be warned. If behaviour persists, parent/caregiver will be informed of the breach.
9	No hanging around the Caboolture railway station	Students are not to loiter anywhere on Queensland Rail property/grounds. If waiting for a bus or train, wait on relevant platform or at relevant stop. No gathering in front of station or generally hanging around the station. If behaviour continues, parent/caregiver will be informed of the breach.

10	Do not spread rumours or gossip	Students are not to spread rumours or gossip maliciously about other students or any member of staff. If this behaviour persists after having been spoken to, student will be suspended and only allowed back with an apology to the person who has been maligned and with undertaking this will not re-occur.
11	Students to only use the locker to which they have been allocated and not share the code of their lock	If a student is found to have swapped lockers or has opened (somehow) a locker which is not assigned to them, the student will retain the original locker and be cautioned against such behaviour. If this behaviour persists, further action will be taken.
12	When in the community or on the bus, following Horizons processes.	When on a mini-bus, do not make rude gestures or call out to any other vehicle or person. Be quiet and still on the bus and always wear your seat belt. Do not graffiti any part of the bus – internal or external. Failure to follow these processes will see the offender cleaning off any graffiti and not being permitted to use the bus again for the rest of the year. Other consequences may also apply.

	Classroom processes	Consequence of not following – classroom level	Consequences of not following – once referred to Principal
1	One person speaking at a time and if teacher/staff member is speaking all to listen	Student to be warned. If student reoffends teacher/staff member privately conferences student (if possible) and makes them aware that they have been warned and if they reoffend, they will be sent to Jan. They are to be made aware what aspect of PRIDE they are breaching. Jan is emailed or a text sent if student is being sent to her.	Student to complete a student PRIDE behaviour form with Jan. If this student is sent to Jan again by the same staff member or any other staff member, the following process will follow: -student to be removed from normal classes for rest of the day and undertake quiet work (provided by teachers) - student to complete a second re-entry form to classes - if problem persists, suspension or cancellation of enrolment*
2	No swearing	Student is warned about swearing. If it happens again, they are privately conferenced by teacher/staff member about their swearing and what rule (and aspect of PRIDE) they are breaking. If swearing continues, they will be sent to Jan. Jan is emailed or a text is sent.	Student to complete a student PRIDE behaviour form with Jan. If this student is sent to Jan again by the same staff member or any other staff member, the following process will follow: - student to be removed from normal classes for rest of the day and undertake quiet work - student to complete a second re-entry to classes - if problem persists, student referred to youth team to ascertain why this behaviour continues – youth team to liaise with Jan who will decide consequent action. *
3	Speaking respectfully to staff and to others in class	Student is warned about being disrespectful. If it happens again, they are privately conferenced by teacher/staff member about their disrespectful behaviour and what rule they are breaking. If disrespect continues, they will be sent to Jan. Jan is emailed or a text is sent.	Student to complete a student PRIDE behaviour form with Jan. If this student is sent to Jan again by the same staff member or any other staff member, the following process will follow: - student to be removed from normal classes for rest of the day and undertake

			<p>quiet work (provided by teachers) on their own</p> <ul style="list-style-type: none"> - student to complete a second and final re-entry form and to return to classes - if problem persists, suspension or cancellation of enrolment*
4	Be on time in morning and to all classes	If a student has to be spoken to about this more than once in a week (by admin staff or by teacher/staff member), they are to be conferenced privately by Principal (if it is late to school in the morning) or by specific teacher/s or staff member if constantly late for sessions. If persistently late, sent to Jan. Text or email sent to Jan.	<p>PRIDE behaviour form to be completed for repeat offenders.</p> <p>Parents/caregivers to be advised if student is persistently late of a morning. Further action will depend on student and other behaviours that are being exhibited.</p>

If ALL students abide by these rules (which are made for safety purposes and to enable all students to have the opportunity to learn and develop), then Horizons will be a place of calmness and opportunity for all.

I hereby agree to the above rules and consequences

Student Name: _____ Student Signature: _____

Date: _____

PERMISSIONS

Following are the various permissions for which Horizons College requires authorisation by parents/caregivers where indicated.

The permissions are as outlined below:

- Consent to reproduce photography / video images taken by Horizons College
- Permission to administer Panadol
- Permission to go to Centenary Lakes Park for Activities / Sport
- Permission to ride Skateboard, Bike or Scooter in Horizons College grounds
- General Excursion Permission (including travel on school mini-buses)
- Protective clothing / equipment in practical subjects
- Swimming

I / we understand that all permissions apply for the full period of my student's enrolment and any change to these permissions must be submitted in writing to the Horizons College Principal.

Parent / Caregiver signature _____ Date _____

Parent / Caregiver signature _____ Date _____

CONSENT TO REPRODUCE PHOTOGRAPHY/VIDEO IMAGES TAKEN BY HORIZONS COLLEGE

[Note: this form should only be used where the photographs/videos have been taken by Horizons staff or a Horizons contractor on behalf of Horizons College].

By signing this form you consent to Horizons College using and publishing your student's name and any photographs and/or videos containing your student's image in any of its publications (including written and multimedia reports, guides and brochures) for distribution anywhere in the world and on the Horizons College website and Facebook page for educational, promotional or reporting purposes. You are also giving permission for these photos to remain on the website, or fliers etc. after the student has left the college.

Description of Photographs/Videos:

Photos taken for Horizons College website and Facebook page, fliers or promotional material.

When giving your permission you should be aware that any information published on the internet is accessible to millions of users from all over the world, that it will be indexed by search engines and that it may be copied and used by any web user. This means that once the photograph is published on the Internet we will have no control over its subsequent disclosure.

You also acknowledge that you are not entitled to any remuneration, royalties or any other payment from Horizons College respect of the use by Horizons College of the photographs.

Full name of Student

(Please state full name of child)

Address

Telephone

Email

Signature: (Parent/Caregiver) _____ Signature (Student): _____

Date: _____

PERMISSION TO ADMINISTER PANADOL

I hereby give permission for Horizons College staff to administer up to 2 Panadol (or similar) to my student should they present to the office asking for this and advising they are not well. I note that the school will contact me should my student continually be asking for this and I note that no more than 2 Panadol will be given on any one day.

Parent / Caregiver signature _____ Date _____

PERMISSION TO GO TO CENTENARY LAKES PARK FOR ACTIVITIES / SPORT

I hereby give permission for my son/daughter to either walk or be driven in the school mini-bus to Centenary Lakes Park for designated school activities/sport. In giving this permission, I acknowledge that it will apply for the remainder of the year. I understand that a minimum of two staff members will accompany students at all times.

Parent / Caregiver signature _____ Date _____

PERMISSION TO RIDE SKATEBOARD, BIKE OR SCOOTER IN HORIZONS COLLEGE GROUNDS

I hereby give permission for my son/daughter to either ride their own or another student's bike / skateboard / scooter in the school grounds. In signing this I understand that I will provide my student with any safety equipment that I want them to have when riding and I assume responsibility for any injury that may occur to my son/daughter as a result of their riding. I note that the school has set aside a small area for the riding of bike, skateboard and scooter. Please note the school takes no responsibility for the loss of any private property brought to school by students. Students are encouraged to bring bike locks. I understand this privilege may be withdrawn at any time without notice, particularly if my son/daughter does not follow current rules / policy regarding the riding of skateboards, bikes or scooters in the grounds of the College.

Parent / Caregiver signature _____ Date _____

GENERAL EXCURSION PERMISSION (including travel on school mini-buses)

I hereby give permission for my son/daughter to participate in excursions / activities throughout the year that take place outside of Horizons College grounds, with the understanding that various local places will be utilised to enhance the learning and participation of students. I understand that Staff will accompany students on all excursions and some volunteers may also attend. I also understand that students will be expected to wear appropriate clothing. I acknowledge that some of these activities may require travel on the school mini-bus or larger hired bus and give permission for this. I give this permission for the period of time my son/daughter is enrolled at Horizons College.

Parent / Caregiver signature _____ Date _____

PROTECTIVE CLOTHING / EQUIPMENT IN PRACTICAL SUBJECTS

Safety of students is a top priority for us at Horizons. For all students undertaking vocational education courses – or practical courses – in subjects such as Hospitality, Horticulture, Automotive, Construction and Hairdressing, it is absolutely imperative that students agree to wear whatever protective clothing and/or personal protection equipment is provided for them during their respective courses.

Personal protective equipment/clothing may include, **for example**, wide brimmed hats, long sleeved shirts and sunscreen for students undertaking Horticulture. Please note that for students doing practical subjects, students must come to school in closed in shoes and must wear protective goggles or other equipment as required.

Without your signed consent, your student will not be able to participate in some subject/s. If at school the student refuses to wear or use the protective equipment provided, he/she will immediately not be able to continue with that subject.

I hereby agree that for my student to participate in practical subjects at Horizons College, relevant protective clothing and/or equipment will be provided and **MUST** be worn by the student. If my student refuses to use/wear this, I also understand that he/she will not be able to participate in that subject any further from that point on.

Parent / Caregiver signature _____ Date _____

Student signature _____ Date _____

SWIMMING PERMISSION

During the summer swimming season, some students will have the opportunity to participate in an excursion to a beach. Swimming will only occur in a patrolled area.

Students will be advised prior to any scheduled excursion. Students will be expected to bring their swimming togs and towel, otherwise they will not be permitted to swim. Please indicate below the level of swimming ability for your student:

Please tick

- Strong swimmer (can swim more than 100 metres)
- Average swimmer (can swim more than 50 metres)
- Weak swimmer (can swim less than 50 metres)
- Cannot swim and my student is interested in learning
- My student is NOT to swim.

I hereby give permission for my student to travel to a patrolled swimming area in the school mini-bus if the opportunity arises. I understand one teacher and one other staff member will be present in all vehicles. I will ensure my student brings their swimming togs and towel.

Parent / Caregiver signature _____ Date _____

Student signature _____ Date _____

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