

# Flagstone Creek State School

# **Application for student enrolment form**

### **INSTRUCTIONS**

Please refer to the Application to enrol in a Queensland State School information sheet at the end of this form when completing this application.

Failure or refusal to complete those sections of the form marked with an (\*) or to provide required documentation may result in a refusal to process your application. Sections of the form not marked (\*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding reliant on such information. Parents of all students in Australia have been asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students, regardless of their background. The required information includes the Indigenous status and language background of the student, and the education, occupation and language background of the parents.

If you have any questions about the enrolment form or process, or require assistance completing this form, including translation services, please contact the school in the first instance.

### **PRIVACY STATEMENT**

The Department of Education and Training (DET) is collecting the information on this form for the purposes outlined in the *Education (General Provisions) Act 2006* (EGPA 2006), and in particular for:

- i. assessing whether your application for enrolment should be approved
- ii. meeting reporting obligations required by law or under Federal State Government funding arrangements
- iii. administering and planning for providing appropriate education, training and support services to students
- iv. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
- v. communicating with students and parents.

This collection is authorised by ss. 155 and 428 of the EGPA 2006. DET will disclose personal information from this form to the Queensland Curriculum and Assessment Authority when opening student accounts, in compliance with Part 3 of the Education (Queensland Curriculum and Assessment Authority) Act 2014 (Qld). Personal Information from this form will also be supplied to Centrelink in compliance with ss.194 and 195 of the Social Security (Administration) Act 1999 (Cth). De-identified information concerning parents' school and non-school education, occupation group and main language other than English and students' country of birth, main language other than English, sex and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government funding agreements.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the school in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact the school in the first instance.

### **ENTITLEMENT TO ENROLMENT**

Under the EGPA 2006, an applicant for enrolment at a state school must be enrolled if they are entitled to enrolment. While not exhaustive, the following matters may affect an applicant's entitlement to enrolment at a state school:

- failure to adequately complete this enrolment form
- if the school has an Enrolment Management Plan or an Enrolment Eligibility Plan (enrolment is subject to eligibility under the plan)
- the applicant is a prospective mature age student (the applicant can only apply for enrolment at a mature age state school and will be subject to a satisfactory criminal history check, or as a student in a program of distance education. All prospective mature age students must have a remaining allocation of state education.)
- the applicant is not of correct age for enrolment (relates to Preparatory Year and Years 1 to 6)
- the applicant has been excluded or cancelled from enrolment or is subject to suspension from a state school at the time of the application
- the school is a state special school and the applicant does not meet the criteria for enrolment in a special school
- the school principal reasonably believes that the applicant presents an unacceptable risk to the safety or wellbeing of members of the school community (application is referred to Director-General)
- the proposed enrolment requires approval as part of a flexible arrangement under s.183 of the EGPA 2006, and the arrangement has not yet been approved
- the prospective student is not an Australian resident or citizen or the child of an Australian permanent resident or citizen (visa restrictions may apply, fees may be charged, in some cases legislation requires that the applicant must obtain approval from the Chief Executive via Education Queensland International (EQI) to enroll

| enioi).                                                                                                                                                                                                                                        |  |                                              |                                                           |                                                                       |              |              |             |                                                  |        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|--------------|--------------|-------------|--------------------------------------------------|--------|--|
| Office use only                                                                                                                                                                                                                                |  |                                              |                                                           |                                                                       |              |              |             |                                                  |        |  |
| Date enrolled                                                                                                                                                                                                                                  |  | <u>,                                    </u> | Year level                                                |                                                                       | Roll Class   |              | EQ ID       |                                                  |        |  |
| Independent Student Yes No                                                                                                                                                                                                                     |  |                                              |                                                           | Birth certificate/passport sighted, number recorded and DOB confirmed |              |              | Yes No      |                                                  |        |  |
| Is the prospective student over 18 years of age at the time of enrolment  If yes, is the prospective student exempt from the mature age student process?  If no, has the prospective mature age student consented to a criminal history check? |  |                                              | <ul><li>☐ Yes [</li><li>☐ Yes [</li><li>☐ Yes [</li></ul> | No No No                                                              |              |              |             |                                                  |        |  |
| School house/<br>team                                                                                                                                                                                                                          |  |                                              |                                                           |                                                                       | EAL/D supp   | ort          |             |                                                  | Yes No |  |
| FTE                                                                                                                                                                                                                                            |  | Associated un                                | nit                                                       |                                                                       | Visa and ass | sociated doc | uments sigh | ted                                              | Yes No |  |
| EQI category                                                                                                                                                                                                                                   |  |                                              |                                                           | SV – studen<br>TV – tempor<br>DS – depend                             |              | on student   |             | EX – exchange student<br>DE – distance education |        |  |

Queensland Government

| PROSPECTIVE STUL                                                                 | PENI DE      | WUGKAPF          |           | HAILS                                                                                                                                                                               |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
|----------------------------------------------------------------------------------|--------------|------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------|
| Legal family name*<br>(as per birth certificate)                                 |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Legal given names* (as per birth certificate)                                    |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Preferred family name                                                            |              |                  |           | Preferred                                                                                                                                                                           | given na                                    | mes                                       |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Sex*                                                                             | ☐ Male       | Female           |           | Date of bi                                                                                                                                                                          | rth*                                        |                                           |                                                         | , ,                                                                                                                |                                             |                                                        |                                     |
| Copy of birth certificate available to show school staff*                        | Yes          | □ No             |           | alternative to<br>prospective<br>This does no                                                                                                                                       | o birth certi<br>student bo<br>ot include f | ficate will<br>rn in coun<br>ailure to re | be considered<br>try without birtl<br>egister a birth o | ng staff sighting the<br>where it is not po<br>h registration systor<br>for reluctance to or<br>ent by EQI, a pass | ssible to ob<br>em. Passpo<br>der a birth o | tain a birth certif<br>rt or visa docum<br>ertificate. | icate (e.g.<br>ients will suffice). |
| For prospective mature age students, proof of identity supplied and copied*      | Yes          | □ No             |           | Prospective mature age students must provide photographic identification which proves their identity:  current driver's licence; or  adult proof of age card; or  current passport. |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| APPLICATION DETA                                                                 | ILS          |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Has the prospective student ever attended a Queensland state school?             | Yes          | ☐ No             | If yes,   | provide nar                                                                                                                                                                         | me of scl                                   | nool and                                  | l approxima                                             | te date of enro                                                                                                    | olment.                                     |                                                        |                                     |
| What year level is the prospective student seeking to enrol in?                  |              |                  | Please    | provide the                                                                                                                                                                         | e approp                                    | riate ye:                                 | ar level.                                               |                                                                                                                    |                                             |                                                        |                                     |
| Proposed start date                                                              |              | 1                | Please    | provide the                                                                                                                                                                         | e propos                                    | ed start                                  | ing date for                                            | the prospectiv                                                                                                     | ve studen                                   | t at this scho                                         | ol.                                 |
|                                                                                  |              |                  |           |                                                                                                                                                                                     | Name:                                       |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Does the prospective                                                             |              |                  |           | , provide                                                                                                                                                                           | Year L                                      | evel                                      |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| student have a sibling<br>attending this school or<br>any other Queensland state | Yes          | No               |           | of sibling,<br>evel, date<br>h, and                                                                                                                                                 | Date o                                      | f birth                                   |                                                         | 1 1                                                                                                                |                                             |                                                        |                                     |
| school?                                                                          |              |                  |           | school                                                                                                                                                                              |                                             | I                                         |                                                         |                                                                                                                    |                                             |                                                        |                                     |
|                                                                                  |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| PROSPECTIVE STUD                                                                 | ENT AD       | DRESS DE         | TAILS     | S*                                                                                                                                                                                  |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Principal place of residence a                                                   | ddress       |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Address line 1                                                                   |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Address line 2                                                                   |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Suburb/town                                                                      |              |                  |           |                                                                                                                                                                                     |                                             | State                                     |                                                         |                                                                                                                    | P                                           | ostcode                                                |                                     |
| Mailing address (if it is the sa                                                 | me as princi | pal place of res | sidence,  | write 'AS Al                                                                                                                                                                        | BOVE')                                      |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Address line 1                                                                   |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Address line 2                                                                   |              |                  |           |                                                                                                                                                                                     |                                             |                                           | Ι                                                       |                                                                                                                    |                                             |                                                        |                                     |
| Suburb/town                                                                      |              |                  |           |                                                                                                                                                                                     |                                             | State                                     |                                                         |                                                                                                                    | P                                           | ostcode                                                |                                     |
| Email                                                                            |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| FAMILY DETAILS                                                                   |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Parents/carers                                                                   |              | Pa               | rent/care | er 1                                                                                                                                                                                |                                             |                                           |                                                         | P                                                                                                                  | arent/car                                   | er 2                                                   |                                     |
| Family name*                                                                     |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Given names*                                                                     |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Title                                                                            | ☐ Mr         | Mrs              | ☐ Ms      | Miss                                                                                                                                                                                | . 🗆                                         | Dr                                        | ☐ Mr                                                    | Mrs                                                                                                                | ☐ Ms                                        | Miss                                                   | ☐ Dr                                |
| Sex                                                                              | ☐ Male       | Female           |           |                                                                                                                                                                                     |                                             |                                           | Male                                                    | Female                                                                                                             |                                             |                                                        |                                     |
| Relationship to prospective student*                                             |              |                  |           |                                                                                                                                                                                     |                                             |                                           |                                                         |                                                                                                                    |                                             |                                                        |                                     |
| Is the parent/carer an emergency contact?                                        | Yes          | ☐ No             |           |                                                                                                                                                                                     |                                             |                                           | Yes                                                     | ☐ No                                                                                                               |                                             |                                                        |                                     |

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at <a href="http://ppr.det.qld.gov.au">http://ppr.det.qld.gov.au</a> to ensure you have the most current version of this document 13/04/2017

Page 2 of 9

| FAMILY DETAILS (continued)                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Parents/carers                                                                                                                                                               | Parent/carer 1                                                                                                                                                                                                                                                                                                                           | Parent/carer 2                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 1 <sup>st</sup> Phone contact number*                                                                                                                                        | Work/home/mobile                                                                                                                                                                                                                                                                                                                         | Work/home/mobile                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| 2 <sup>nd</sup> Phone contact number*                                                                                                                                        | Work/home/mobile                                                                                                                                                                                                                                                                                                                         | Work/home/mobile                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| 3 <sup>rd</sup> Phone contact number*                                                                                                                                        | Work/home/mobile                                                                                                                                                                                                                                                                                                                         | Work/home/mobile                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Email                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Employer name                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Occupation                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| What is the occupation group of the parent/carer?                                                                                                                            | (Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter '8') | (Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter '8') |  |  |  |  |
| Country of birth                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Country of residence                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Does parent/carer 1 or<br>parent/carer 2 speak a<br>language other than<br>English at home? (If more<br>than one language, indicate<br>the one that is spoken most<br>often) | No, English only Yes, other – please specify Needs interpreter? Yes No                                                                                                                                                                                                                                                                   | No, English only Yes, other – please specify  Needs interpreter? Yes                                                                                                                                                                                                                                                                     |  |  |  |  |
| Is the parent/carer an                                                                                                                                                       | Needs interpreter? Yes No                                                                                                                                                                                                                                                                                                                | Needs interpreter? Yes No                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Australian citizen?                                                                                                                                                          | Tes NO                                                                                                                                                                                                                                                                                                                                   | Tes No                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| Is the parent/carer a permanent resident of Australia?                                                                                                                       | Yes No                                                                                                                                                                                                                                                                                                                                   | Yes No                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| Address line 1                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Address line 2                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Suburb/town                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| State                                                                                                                                                                        | Postcode                                                                                                                                                                                                                                                                                                                                 | Postcode                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Mailing address (if it is the sa                                                                                                                                             | me as principal place of residence, write 'AS ABOVE')                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Address line 1                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Address line 2                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Suburb/town                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| State                                                                                                                                                                        | Postcode                                                                                                                                                                                                                                                                                                                                 | Postcode                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Parent/carer school education                                                                                                                                                | What is the highest year of primary or secondary school parent/carer 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')                                                                                                                                                                  | What is the highest year of primary or secondary school parent/carer 2 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')                                                                                                                                                                  |  |  |  |  |
| Year 9 or equivalent or below                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Year 10 or equivalent                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Year 11 or equivalent                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Year 12 or equivalent                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Parent/carer non-school education                                                                                                                                            | What is the level of the <i>highest</i> qualification parent/carer 1 has completed?                                                                                                                                                                                                                                                      | What is the level of the <i>highest</i> qualification parent/carer 2 has completed?                                                                                                                                                                                                                                                      |  |  |  |  |
| Certificate I to IV (including trade certificate)                                                                                                                            |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Advanced Diploma/Diploma                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Bachelor degree or above                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| No non-school qualification                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |

| PROSPECTIVE STUDENT ORIGIN DETAILS                                                                                                                       |                                                                                                |                                              |                                       |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|--|--|--|--|--|
| Origin                                                                                                                                                   | Queensland/interstate/overseas                                                                 |                                              |                                       |  |  |  |  |  |
| Origin type                                                                                                                                              | Childcare centre or kindergarten/Prep/primary/secondary/VET/other                              |                                              |                                       |  |  |  |  |  |
| Previous school/other location                                                                                                                           |                                                                                                |                                              |                                       |  |  |  |  |  |
| Previously employed                                                                                                                                      | Yes No                                                                                         | Full-time Part                               | -time                                 |  |  |  |  |  |
| INDIGENOUS STATU                                                                                                                                         | · ·                                                                                            |                                              |                                       |  |  |  |  |  |
|                                                                                                                                                          |                                                                                                |                                              |                                       |  |  |  |  |  |
| Is the prospective student of Aboriginal or Torres Strait Islander origin?                                                                               | ☐ No ☐ Aboriginal ☐ To                                                                         | rres Strait Islander Both A                  | boriginal and Torres Strait Islander  |  |  |  |  |  |
| RELIGION – RELIGIO                                                                                                                                       | OUS INSTRUCTION*                                                                               |                                              |                                       |  |  |  |  |  |
| From Year 1, the prospective                                                                                                                             | student may participate in religious                                                           | Do you want the prospective student to       | participate in religious instruction? |  |  |  |  |  |
|                                                                                                                                                          | ated religion is not represented within the                                                    | Yes No                                       |                                       |  |  |  |  |  |
|                                                                                                                                                          | separate location during the period                                                            | If 'Yes', please nominate the religion:      |                                       |  |  |  |  |  |
| Parents/carers may change the the principal in writing.                                                                                                  | nese arrangements at any time by notifying                                                     |                                              |                                       |  |  |  |  |  |
|                                                                                                                                                          |                                                                                                |                                              |                                       |  |  |  |  |  |
| COUNTRY OF BIRTH                                                                                                                                         | *                                                                                              |                                              |                                       |  |  |  |  |  |
|                                                                                                                                                          | Australia                                                                                      |                                              |                                       |  |  |  |  |  |
| In which country was the prospective student born?                                                                                                       | Other (please specify country)                                                                 |                                              |                                       |  |  |  |  |  |
| prospective student born:                                                                                                                                | Date of arrival in Australia/                                                                  |                                              |                                       |  |  |  |  |  |
| Is the prospective student                                                                                                                               |                                                                                                |                                              |                                       |  |  |  |  |  |
| an Australian citizen?                                                                                                                                   | Yes No (if no, evidence of the pro                                                             | espective student's immigration status to be | e completed)                          |  |  |  |  |  |
| PROSPECTIVE STUD                                                                                                                                         | DENT LANGUAGE DETAILS                                                                          |                                              |                                       |  |  |  |  |  |
| Does the prospective                                                                                                                                     | ☐ No, English only                                                                             |                                              |                                       |  |  |  |  |  |
| student speak a language other than English at                                                                                                           | Yes, other – please specify                                                                    |                                              |                                       |  |  |  |  |  |
| home?                                                                                                                                                    |                                                                                                |                                              |                                       |  |  |  |  |  |
| EVIDENCE OF PROS                                                                                                                                         | PECTIVE STUDENT'S IMMIGRAT                                                                     | ION STATUS (to be completed                  | if this person is NOT an              |  |  |  |  |  |
| Australian citizen)*                                                                                                                                     |                                                                                                | , ,                                          |                                       |  |  |  |  |  |
| Permanent resident                                                                                                                                       | Complete passport and visa details section be                                                  | elow                                         |                                       |  |  |  |  |  |
|                                                                                                                                                          | Date of arrival in Australia//                                                                 | Date enrolment appro                         | ved to:/                              |  |  |  |  |  |
| Student visa holder                                                                                                                                      | EQL receipt anymbor.                                                                           |                                              |                                       |  |  |  |  |  |
| Temporary visa holder                                                                                                                                    | EQI receipt number:  Complete passport and visa details section by                             | olow                                         |                                       |  |  |  |  |  |
|                                                                                                                                                          | Complete passport and visa details section by                                                  | CIOW                                         |                                       |  |  |  |  |  |
| Other, please specify                                                                                                                                    |                                                                                                |                                              |                                       |  |  |  |  |  |
|                                                                                                                                                          |                                                                                                |                                              |                                       |  |  |  |  |  |
| Passport and visa details (to                                                                                                                            | be completed for a prospective student who is N                                                | NOT an Australian citizen).                  |                                       |  |  |  |  |  |
| NOTE: A permanent resident will have a passport with a permanent residency visa inside worded 'Holder(s) permitted to remain in Australia indefinitely'. |                                                                                                |                                              |                                       |  |  |  |  |  |
|                                                                                                                                                          | ring in Australia as refugee or humanitarian entr<br>' recorded must be sighted by the school. | rants, either PLO 56 Immigration issued      | card or 'Document to travel to        |  |  |  |  |  |
| Passport number                                                                                                                                          |                                                                                                | Passport expiry date                         |                                       |  |  |  |  |  |
| Visa number                                                                                                                                              | Visa expiry date (if applicable)                                                               |                                              |                                       |  |  |  |  |  |
| Visa sub class                                                                                                                                           |                                                                                                |                                              |                                       |  |  |  |  |  |

| contacts or cannot be cor                                                                                                                                                                                                              | stacted)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n parento/ourers noted p                                                                          | oreviously are not emergency |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                        | Emergency contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Emergen                                                                                           | cy contact                   |  |  |  |  |
| Name                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| Relationship (e.g. aunt)                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| 1 <sup>st</sup> phone contact number*                                                                                                                                                                                                  | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Work/home/mobile                                                                                  |                              |  |  |  |  |
| 2 <sup>nd</sup> phone contact number*                                                                                                                                                                                                  | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Work/home/mobile                                                                                  |                              |  |  |  |  |
| 3 <sup>rd</sup> phone contact number*                                                                                                                                                                                                  | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Work/home/mobile                                                                                  |                              |  |  |  |  |
| PROSPECTIVE STUD                                                                                                                                                                                                                       | ENT MEDICAL INFORMATION (including alle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rgies)*                                                                                           |                              |  |  |  |  |
| hours as well as during school prospective student's eligibilit use and disclose the medical is essential that the school is The school administration staff                                                                           | Privacy Statement  The Department of Education and Training (DET) is collecting this medical information in order to address the medical needs of students during school hours as well as during school excursions, school camps, sports and other school activities. DET will not use this information to make a decision about a prospective student's eligibility for enrolment. The information will only be used by authorised employees of the department and DET will only record, use and disclose the medical information in accordance with the confidentiality provisions at Section 426 of the Education (General Provisions) Act 2006. It is essential that the school is advised before the prospective student's first day of attendance if the prospective student has any medical conditions. The school administration staff must also be informed of any new medical conditions or a change to medical conditions as soon as they are known.  Should the prospective student need to take medication during school hours, an Individual Health Plan, including Emergency Health Plan if relevant, or |                                                                                                   |                              |  |  |  |  |
| No known medical conditions                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of Medical Condition categories provided)                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| Medical condition (including<br>allergies/sensitivities),<br>symptoms and management<br>(please refer to the list of<br>Medical Condition categories<br>provided)                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of Medical Condition categories provided)                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)? This is for the purpose of informing planning for school activities such as sport and school excursions. | □ No □ Yes, please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                              |  |  |  |  |
| Name of prospective student's medical practitioner (optional)                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contact number of medical practitioner                                                            |                              |  |  |  |  |
| cases where an immediate but                                                                                                                                                                                                           | act the prospective student's medical practitioner for the pup<br>non-life threatening response is required (for instance, when<br>rting event)? (answer only if medical practitioner details have bee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the prospective student                                                                           | Yes No                       |  |  |  |  |
| Medicare card number (optional)                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Position Number                                                                                   |                              |  |  |  |  |
| Cardholder name (if not in name of prospective student)                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                              |  |  |  |  |
| Private health insurance company name (if covered) (optional)                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Private health insurance<br>membership number<br>(leave blank if company<br>name is not provided) |                              |  |  |  |  |

EMERGENCY CONTACT DETAILS (Oth

| COURT ORDERS*                                                                                                                                                                                                                                                                                                                                     |                                                                                       |          |                   |                     |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------|-------------------|---------------------|--|--|--|
| Out-of-Home Care Arrangements*                                                                                                                                                                                                                                                                                                                    |                                                                                       |          |                   |                     |  |  |  |
| Under the Child Protection Act 1999, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care. |                                                                                       |          |                   |                     |  |  |  |
| Is the prospective student identified a                                                                                                                                                                                                                                                                                                           | s residing in out-of-home care?                                                       | Yes No   |                   |                     |  |  |  |
| If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.                                                                                                                                                                                                                             |                                                                                       |          | Commencement date |                     |  |  |  |
| and/or the Authority to care.                                                                                                                                                                                                                                                                                                                     |                                                                                       |          | End date          |                     |  |  |  |
| Contact details of the Child Safety Off                                                                                                                                                                                                                                                                                                           | icer (if known)                                                                       |          | Name              |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |          | Phone number      |                     |  |  |  |
| Family Court Orders*                                                                                                                                                                                                                                                                                                                              | Family Court Orders*                                                                  |          |                   |                     |  |  |  |
| Are there any current orders made put<br>the welfare, safety or parenting arrang                                                                                                                                                                                                                                                                  | rsuant to the <i>Family Law Act 1975</i> concer<br>ements of the prospective student? | rning    | Yes No            |                     |  |  |  |
| If yes, what are the dates of the court                                                                                                                                                                                                                                                                                                           | order? Please provide a copy of the cour                                              | t order. | Commencement date |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |          | End date          |                     |  |  |  |
| Other Court Orders*                                                                                                                                                                                                                                                                                                                               |                                                                                       |          |                   |                     |  |  |  |
| Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?                                                                                                                                                                                 |                                                                                       |          |                   |                     |  |  |  |
| If yes, what are the dates of the court                                                                                                                                                                                                                                                                                                           | order? Please provide a copy of the cour                                              | t order. | Commencement date | 1 1                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |          | End date          | 1 1                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |          |                   |                     |  |  |  |
| TRAVEL DETAILS                                                                                                                                                                                                                                                                                                                                    |                                                                                       |          |                   |                     |  |  |  |
| Mode of transport to school                                                                                                                                                                                                                                                                                                                       | Walk Car Bus                                                                          |          | Bicycle Train     |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |          |                   |                     |  |  |  |
| APPLICATION TO ENROL*                                                                                                                                                                                                                                                                                                                             |                                                                                       |          |                   |                     |  |  |  |
| I hereby apply to enrol my child or myse                                                                                                                                                                                                                                                                                                          | I hereby apply to enrol my child or myself at                                         |          |                   |                     |  |  |  |
| I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.                                                                            |                                                                                       |          |                   |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   | Parent/carer 1                                                                        |          | Parent/carer 2    | Prospective student |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                         |                                                                                       |          |                   |                     |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                              |                                                                                       |          | 1 1               |                     |  |  |  |

# Parental occupation groups for use with parent/carer details

### Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager [section head or above], regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

**Defence Forces** commissioned officer

Professionals generally have degrees or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others

Health, education, law, social welfare, engineering, science, computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller].

### Group 2: Other business managers, arts/media/sportspeople and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proofreader, sportsperson, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals

Health, education, law, social welfare, engineering, science, computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer.

### Group 3: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a four year trade certificate, usually by apprenticeship. All tradespeople are included in this group

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

### Skilled office, sales and service staff:

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

### Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

# Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants:

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

### Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

# Group 8: Have not been in paid work in the last 12 months

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at http://ppr.det.qld.gov.au to ensure you have the most current version of this document

# **State Schools Standardised Medical Condition Category List**

| Acquired brain injury                                                                                   |
|---------------------------------------------------------------------------------------------------------|
| Allergies/Sensitivities                                                                                 |
| Anaphylaxis                                                                                             |
| Airway/lung/breathing - Oxygen required (continuously/periodically)                                     |
| Airway/lung/breathing - Oxygen required (continuously/periodically)  Airway/lung/breathing - Suctioning |
| · · · · · · · · · · · · · · · · · · ·                                                                   |
| Airway/lung/breathing - Tracheostomy                                                                    |
| Airway/lung/breathing - Other                                                                           |
| Artificial feeding - Gastrostomy device (tube or button)                                                |
| Artificial feeding - Nasogastric tube                                                                   |
| Artificial feeding - Jejunostomy tube                                                                   |
| Artificial feeding - Other                                                                              |
| Asthma                                                                                                  |
| Asthma – student self-administers medication                                                            |
| Attention-deficit /Hyperactivity disorder (ADHD)                                                        |
| Autism Spectrum Disorder (ASD)                                                                          |
| Bladder and bowel - Urinary wetting, incontinence                                                       |
| Bladder and bowel - Faecal soiling, constipation, incontinence                                          |
| Bladder and bowel - Catheterisation (continuous, clean intermittent)                                    |
| Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair                                      |
| Bladder and bowel - Other                                                                               |
| Blood disorders - Haemophilia                                                                           |
| Blood disorders - Thalassaemia                                                                          |
| Blood disorders - Other                                                                                 |
| Cancer/oncology                                                                                         |
| Coeliac disease                                                                                         |
| Cystic Fibrosis                                                                                         |
| Diabetes - type one                                                                                     |
| Diabetes - type two                                                                                     |
| Ear/hearing disorders - Otitis Media (middle ear infection)                                             |
| Ear/hearing disorders - Hearing loss                                                                    |
| Ear/hearing disorders - Other                                                                           |
| Epilepsy - Seizure                                                                                      |
| Eye/vision disorders                                                                                    |
| Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid                                             |
| Heart/cardiac conditions - Heart valve disorders                                                        |
| Heart/cardiac conditions - Heart genetic malformations                                                  |
| Heart/cardiac conditions - other                                                                        |
| Mental Health - Depression                                                                              |
| Mental Health - Anxiety                                                                                 |
| Mental Health - Oppositional defiant disorder                                                           |
| Mental Health - Other                                                                                   |
| Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump)                                      |
| Muscle/bone/musculoskeletal disorders - Other                                                           |
| Skin Disorders - eczema                                                                                 |
| Skin Disorders - psoriasis                                                                              |
| Swallowing/dysphagia - requiring modified foods                                                         |
| Swallowing/dysphagia - requiring modified foods  Swallowing/dysphagia - requiring artificial feeding    |
| Transfer & positioning difficulties                                                                     |
| Travel/motion sickness                                                                                  |
| Other                                                                                                   |
| Outer                                                                                                   |

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at <a href="http://ppr.det.qld.gov.au">http://ppr.det.qld.gov.au</a> to ensure you have the most current version of this document 13/04/2017

# Application to enrol in a Queensland State School

This sheet contains information on how to complete the Application for Student Enrolment Form (SEF-1 Version 7).

### **Entitlement to enrolment**

Under the *Education (General Provisions) Act* 2006 (Qld) a state school must enrol an applicant if they are entitled to enrolment. While not exhaustive, a list of matters which may affect an applicant's entitlement to enrolment are included on the front cover of the enrolment form.

# Questions which must be answered\*

The Application for Student Enrolment Form contains a number of questions marked with an (\*) which must be answered. These include – Prospective student demographic details, Prospective student address details, Family details, Religion – Religious Instruction, Country of birth, Emergency contact details, Prospective student medical information, Court orders and the Application to enrol. These questions and consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form not marked (\*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding.

# Parent's occupation and education

All parents across Australia, no matter which school their child attends, are being asked to provide information about family background (answering this question is optional). The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

## Sighting of birth certificate

Schools are required to sight a prospective student's birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. person born in a country without a birth registration system – passport or visa documents will suffice). Prospective mature age students that provide appropriate photographic proof of identity do not need to present a birth certificate.

# **Court Orders**

Any court orders concerning the prospective student's welfare, safety or parenting arrangements should be provided to the school, and the school should also be provided with any new or updated orders.

### Name on enrolment form

A prospective student should be enrolled under their legal name as per their birth certificate. There is provision to also record a preferred family and/or given name. The preferred name will be used on internal school documents such as class rolls. The legal name will appear on semester reports unless there is a specific request to use the preferred name only. This request can come from parents/carers or the student (if the student is independent/mature age).

# **Evidence of Prospective Student's Immigration Status**

This section is required to be completed when a prospective student is not an Australian citizen and information is required to be recorded about their passport and visa.

## Medical information and emergency contacts

A prospective student's medical condition, symptoms, management and medication/s must be documented. Medical conditions may include (but are not limited to) seizures/epilepsy, fainting, diabetes, asthma, heart problems, anaphylaxis and allergies (such as food or insect stings). Parents must indicate if they are an emergency contact. Three additional emergency contacts are also required.

### Religion - Religious Instruction

Applicants are asked if they would like the prospective student to participate in religious instruction. From Year 1, the prospective student may participate in religious instruction if it is available.

If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.

Parents/carers may change these arrangements at any time by notifying the principal in writing.

### Office use

This section is to be completed by the school and will assist in documenting specific details in relation to enrolment, including confirmation of the sighting of documentary evidence such as a prospective student's birth certificate, passport or visa and prospective student's mature age status.