LAIDLEY STATE HIGH SCHOOL

Application for Enrolment

From 30 July 2013, Laidley SHS will process enrolments in accordance with an approved Enrolment Management Plan (EMP). This EMP is necessary as our school is reaching its enrolment capacity based on our current facilities. **Students meeting the enrolment criteria below are guaranteed enrolment.** Students who do meet these criteria (ie. out of catchment enrolments) may still submit an application and be granted enrolment if the Principal determines that the school has capacity to accommodate the enrolment.

Information about the EMP and the school catchment map can be found in the enrolment section of the school website at https://laidleyshs.eq.edu.au/.

Student Details

Student Name	Year Level	Anticipated Date of Commencement

Principal Place of Residence Listed on Student Enrolment Form	

Other Relevant Information to assist Principal to make enrolment decisions (attach additional information if necessary)

Student's Eligible for Enrolment

		OFFICE USE ONLY Verified By:
☐	**Live Within Catchment** • Primary Source Evidence (eg current lease, drivers licence, unconditional sale agreement) **AND** • Secondary Source Evidence (eg utility bill, rates notice etc showing same parent/guardians name) **OR** • Statutory Declaration (properly sworn) attesting to student's principal place of residence	
☐	Has sibling currently student attending the school (excluding a program of excellence)	
☐	Is subject to a Child Protection Order granting guardianship or custody to the DOCS	
☐	Parent or legal guardian is employed by the school	
☐	Has been excluded from a school other than this school (as determined by Regional Director)	
☐	Is verified with a disability living outside catchment AND this school is the closest school to their home that offers a specific disability program meeting their individualised needs	

'Out of Catchment' Enrolment Application

☐ Student DOES NOT Live Within Catchment

Parent/Guardian Acknowledgement

Name: _____ ***Application Date:*** _____

Signature: _____ ***Principal Approval:*** _____

*Office Use Only - **Outcome of Out of Catchment Applications***

** Out of Catchment application – date/time received*		** Out of Catchment – date of initial decline*	
** Out of Catchment application added to waiting list No:*		** Out of Catchment – date of final decline*	
** Out of Catchment – date accepted*		** Out of Catchment – date withdrawn*	

Aspiring Together... A World Of Opportunities

Laidley State High 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. Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of your application as soon as practicable.

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. These questions and your 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 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 (DoE) is collecting the information on this form for the purposes outlined in the *Education (General Provisions) Act 2006* (Qld) (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. DoE 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, gender 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.

PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS

Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name		**Preferred given names**	
Gender*	☐ **Male** ☐ **Female**	**Date of birth***	
Copy of birth certificate available to show school staff*	☐ **Yes** ☐ **No**	Enrolment may not be approved without enrolling staff sighting the prospective student's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate. The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted. For international students approved for enrolment by EQI, a passport or visa will be acceptable.	
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 DETAILS

Has the prospective student ever attended a Queensland state school?	☐ Yes ☐ No	If yes, provide name of school and approximate date of enrolment.		
What year level is the prospective student seeking to enrol in?		Please provide the appropriate year level.		
Proposed start date		Please provide the proposed starting date for the prospective student at this school.		
Does the prospective student have a sibling attending this school or any other Queensland state school?	☐ Yes ☐ No	If yes, provide name of sibling, year level, date of birth, and school	Name:	
			Year Level	
			Date of birth	
			School	

INDIGENOUS STATUS

Is the prospective student of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

FAMILY DETAILS

Parents/carers	Parent/carer 1	Parent/carer 2
Family name*		
Given names*		
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?*	☐ Yes ☐ No	☐ Yes ☐ No
1st Phone contact number*	Work/home/mobile	Work/home/mobile
2nd Phone contact number*	Work/home/mobile	Work/home/mobile
3rd Phone contact number*	Work/home/mobile	Work/home/mobile
Email		
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')
Employer name		
Country of birth		
Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	☐ No, English only ☐ Yes, other – please specify _____ Needs interpreter? ☐ Yes ☐ No	☐ No, English only ☐ Yes, other – please specify _____ Needs interpreter? ☐ Yes ☐ No
Is the parent/carer an Australian citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Is the parent/carer a permanent resident of Australia?	☐ Yes ☐ No	☐ Yes ☐ No

FAMILY DETAILS (continued)

Parents/carers	Parent/carer 1			Parent/carer 2		
Address line 1						
Address line 2						
Suburb/town						
State		Postcode			Postcode	
Mailing address (if it is the same 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 schooling 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 schooling 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 *highest* qualification parent/carer 1 has completed?			What is the level of the *highest* qualification parent/carer 2 has completed?		
Certificate I to IV (including trade certificate)	☐			☐		
Advanced Diploma/Diploma	☐			☐		
Bachelor degree or above	☐			☐		
No non-school qualification	☐			☐		

COUNTRY OF BIRTH*

In which country was the prospective student born?	☐ Australia ☐ Other (please specify country) _____ Date of arrival in Australia
Is the prospective student an Australian citizen?	☐ Yes ☐ No (if no, evidence of the prospective student's immigration status to be completed)

PROSPECTIVE STUDENT LANGUAGE DETAILS

Does the prospective student speak a language other than English at home?	☐ No, English only ☐ Yes, other – please specify _____

EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS (to be completed if this person is NOT an Australian citizen)*

☐ Permanent resident	Complete passport and visa details section below	
☐ Student visa holder	Date of arrival in Australia	Date enrolment approved to:
	EQI receipt number:	
☐ Temporary visa holder	Complete passport and visa details section below. Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI	
☐ Other, please specify _____		

EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS* (continued)

Passport and visa details (to be completed for a prospective student who is NOT an Australian citizen).

NOTE: A permanent resident will have a visa grant notification with an indefinite stay period indicated.

For prospective students arriving in Australia as refugee or humanitarian entrants, either PLO 56 Immigration issued card or 'Document to travel to Australia' with 'stay indefinite' recorded must be sighted by the school.

Passport number		**Passport expiry date**	
Visa number		**Visa expiry date** (if applicable)	
Visa sub class			

PROSPECTIVE STUDENT'S PREVIOUS EDUCATION / ACTIVITY

Where does the prospective student come from?	☐ **Queensland** ☐ **interstate** ☐ **overseas**
Previous education/activity	☐ **Kindergarten** ☐ **School** ☐ **VET** ☐ **Home education** ☐ **Full-time employment** ☐ **Part-time employment** ☐ **Other**
Please provide name and address of education provider/activity provider/employer	

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.**	**Do you want the prospective student to participate in religious instruction?** ☐ **Yes** ☐ **No** **If 'Yes', please nominate the religion:**

PROSPECTIVE STUDENT ADDRESS DETAILS*

Principal place of residence address					
Address line 1					
Address line 2					
Suburb/town		**State**		**Postcode**	
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')					
Address line 1					
Address line 2					
Suburb/town		**State**		**Postcode**	
Email					

EMERGENCY CONTACT DETAILS (Other emergency contact details if parents/carers listed previously are not emergency contacts or cannot be contacted. At least one emergency contact must be provided)*

	Emergency contact	**Emergency contact**
Name		
Relationship (e.g. aunt)		
1st phone contact number*	Work/home/mobile	Work/home/mobile
2nd phone contact number*	Work/home/mobile	Work/home/mobile
3rd phone contact number*	Work/home/mobile	Work/home/mobile

PROSPECTIVE STUDENT MEDICAL INFORMATION (including allergies)*

Privacy Statement

The Department of Education (DoE) 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. DoE 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 DoE 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 routine medication during school hours, the *Parent consent to administer medication at school* form must be completed before school staff can administer medication. All medication must be provided in the original container with a pharmacy label providing clear instructions for administration. For emergency medication the school will also require a doctor's letter containing detailed instructions and or a signed Action Plan / Emergency Health Plan. Parent consent and health plans must be reviewed annually. All original documentation will be retained at the office and copies of Action or Emergency Health Plans kept with the student.

No known medical conditions	☐		
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)			
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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**	
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 membership number** (leave blank if company name is not provided)	
I authorise school staff to contact the prospective student's medical practitioner for the purposes of seeking advice in cases where an immediate but non-life threatening response is required (for instance, when the prospective student may be on an excursion or sporting event), and to provide Medicare card details if required? (answer only if medical practitioner and Medicare card details have been provided above)		☐ **Yes** ☐ **No**	

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 as 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**	
	End date	
Contact details of the Child Safety Officer (if known)	**Name**	
	Phone number	

COURT ORDERS* (continued)

Family Court Orders*

Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?	☐ Yes ☐ No	
If yes, what are the dates of the court order? Please provide a copy of the court 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?	☐ Yes ☐ No	
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	
	End date	

APPLICATION TO ENROL*

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 (if student is mature age or independent)
Signature			
Date			

Office use only

Enrolment decision

Has the prospective student been acceptedfor enrolment? ☐ Yes ☐ No (applicant advised in writing)

If no, indicate reason:

- ☐ Does not meet School EMP or Enrolment Eligibility Plan requirements
- ☐ Prospective student is mature age and school is not a mature age state school
- ☐ Does not meet Prep age eligibility requirement
- ☐ Prospective student is subject to suspension from a state school at the time of enrolment application
- ☐ Does not meet requirements for enrolment in a state special school
- ☐ Does not have an approved flexible arrangement with the school
- ☐ School does not offer year level prospective student is seeking to be enrolled in
- ☐ Prospective student has no remaining semester allocation of state education

Date enrolment processed		Year level		Roll Class		EQ ID	
Independent student	☐ Yes ☐ No			Birth certificate/passport sighted, number recorded and DOB confirmed	☐ Yes ☐ No Number:		
Is the prospective student over 18 years of age at the time of enrolment?				☐ Yes ☐ No			
If yes, is the prospective student exempt from the mature age student process?				☐ Yes ☐ No			
If no, has the prospective mature age student consented to a criminal history check?				☐ Yes ☐ No			
School house/ team				EAL/D support	☐ Yes ☐ No ☐ To be determined		
FTE		Associated unit		Visa and associated documents sighted	☐ Yes ☐ No		
EQI category				SV – student visa TV – temporary visa DS – dependent – parent on student visa	EX – exchange student DE – distance education		

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, proof-reader, 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

State schools standardised medical condition category list

Acquired brain injury
Allergies/Sensitivities
Anaphylaxis
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 artificial feeding
Transfer & positioning difficulties
Travel/motion sickness
Other

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 8).

Entitlement to enrolment

Under the *Education (General Provisions) Act 2006 (Qld)* a state school must enrol a prospective student if they are entitled to enrolment. While not exhaustive, the following matters may affect a prospective student's entitlement to enrol in astate school:

- if the school has a School 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 prospective student is not of correct age for enrolment (relates to Preparatory Year and Years 1 to 6)
- the prospective student has been excluded, or is subject to suspension from a state school at the time of the application
- the school principal reasonably believes that the prospective student presents an unacceptable risk to the safety or wellbeing of members of the school community (application is referred to the Director-General)
- the school is a state special school and the prospective student does not meet the criteria for enrolment in a special school
- the proposed enrolment requires approval as part of a flexible arrangement under s.183 of the *Education (General Provisions) Act 2006 (Qld)*, 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 (visarestrictions may apply, fees may be charged, in some cases legislation requires that the prospective student must obtain approval from the Chief Executive via Education Queensland International (EQI) to enrol)
- the school does not offer the year level that the prospective student should be enrolled in
- the prospective student has no remaining semester allocation of state education. Enrolment cannot proceed until additional semesters are applied for by the prospective student (or parent on their behalf) and granted.

Prospective student

A prospective student is a person who has applied to enrol at a state school but who has not yet been accepted for enrolment.

Parent's occupation and education

All parents across Australia, no matter which school their child attends, are 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.

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).

Gender

Information about gender is supplied to the Federal Government to comply with State funding agreements. The gender category with which a person identifies may not match the sex they were assigned at birth. There is no requirement for a student's gender recorded on this form to align with the sex shown on their birth certificate or passport.

Religious Instruction

Religious instruction is a program approved and provided by a religious denomination or religious society. Other instruction relates to part of a subject area that has been covered within the curriculum and may include, but is not limited to, personal research and/or assignments, revision of class work, and wider reading. Information about religious instruction available at the school, and about other instruction, is provided by the school at the time of enrolment and on the school's website.

Enrolment Agreement – Laidley State High School

This enrolment agreement sets out the responsibilities of the student, parents or carers and the school staff about the education of students enrolled at **Laidley State High School**.

Responsibility of student to:

- attend school regularly, on time, ready to learn and take part in school activities act at all times with respect and show tolerance towards other students and staff work hard and comply with requests or directions from the teacher and principal abide by school rules, meet homework requirements and wear school's uniform
- respect the school environment.

Responsibility of parents to:

- attend open evenings for parents
- let the school know if there are any problems that may affect your child's ability to learn
- inform school of reason for any absence
- treat school staff with respect and tolerance
- support the authority and discipline of the school enabling your child to achieve maturity, self discipline and self control
- abide by school's policy regarding access to school grounds before, during and after school hours
- advise Principal if your child is in the care of the state or you are the carer of a child in the care of the state
- inform school if your child's living arrangements change and provide details of new home address and phone number

Responsibility of school to:

- develop each individual student's talent as fully as possible
- inform parents and carers regularly about how their children are progressing
- inform students, parents and carers about what the teachers aim to teach the students each term
- teach effectively and to set the highest standards in work and behaviour
- take reasonable steps to ensure the safety, happiness and self-confidence of all students
- be open and welcoming at all reasonable times and offer opportunities for parents and carers to become involved in the school community
- clearly articulate the school's expectations regarding the responsible behaviour plan for students and the school's dress code policy
- ensure that parents and carers are aware of the school's insurance arrangements and accident cover for students
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved, for example, Program of Chaplaincy Services; religious instruction
- ensure that the parent is aware of the school's record-keeping policy including the creation of a transfer note should the student enrol at another school
- set, mark and monitor homework regularly in keeping with the school's homework policy
- contact parents and carers as soon as is possible if the school is concerned about the child's school work, behaviour, attendance or punctuality
- deal with complaints in an open, fair and transparent manner
- consult parents on any major issues affecting students
- treat students and parents with respect and tolerance.

I agree to abide by policies and procedures of Laidley State High School as listed on the school website.

I acknowledge that information about the school's current programs and services has been explained to me.

Student Signature:	Parent/Carer Signature:	On behalf of Laidley SHS
_____	_____	_____

Date: ____/____/____

ICT NETWORK, FACILITIES AND EQUIPMENT USAGE POLICY

With the continual progression of Information Technology, it is important that students are well equipped to function in, and contribute fully to our current society and information economy. Therefore, access to these technologies and resources is an increasingly essential part of the modern educational program provided at Laidley State High School.

In order to maintain a safe and supportive learning environment, students need to accept the responsibility that comes with being given access to these resources, and understand that this access will be removed if not used appropriately. It is important to understand that this policy covers not only the use of school owned devices (laptops, desktops or tablet devices) on our school network, but also the appropriate use of personally owned student devices (laptops, iPads, iPods, mobile phones, tablet devices etc.) while on our school grounds and/or connected to our school network.

Conditions of Use: Laidley State High School ICT Network, Facilities and Equipment

I agree to use the Laidley State High School ICT network, facilities and resources to:

- Complete assigned class work and assignments set by teachers
- Develop literacy, communication and information skills
- Author text, artwork, audio and visual material for publication on the Intranet or Internet, solely for educational purposes as supervised and approved by the school
- Conduct research for school activities and projects; communicating with other students, teachers, parents or experts in relation to school work
- Access online references such as dictionaries, encyclopedias
- Collaborate, research and learn through Education Queensland's e-learning environment
- Use approved online planners as directed by teachers

*I understand that it is **not acceptable**, and will **NOT** use the Laidley State High School ICT network, facilities and resources to:*

- Download, distribute or publish offensive messages or pictures
- Use obscene or abusive language to harass, insult or attack others
- Deliberately waste printing and Internet resources
- Damage computers, printers or the network equipment
- Violate copyright laws which includes plagiarism
- Use unsupervised internet chat
- Use online email services (e.g. hotmail), send chain letters or Spam e-mail (junk mail)
- Divulge their usernames and passwords to any other individual (e.g. a student should not give their fellow students their username and/or password).
- Use another student or staff member's username or password to access the school's network, including trespassing in another person's files, home drive or e-mail.
- Divulge personal information (e.g. name, parent's name, address), via the internet or e-mail, to unknown entities or for reasons other than to fulfil the educational program requirements of the school.
- Make deliberate attempts to access restricted files, disrupt the School network system, destroy data or gain unauthorised data.

*I also understand that it is **not acceptable**, and **will NOT**:*

- Use images of students in the School uniform, or images taken at School activities/lessons, without the permission of the School Administration (e.g. Putting photos or video taken at school on YouTube, Facebook, Snapchat or other social networking sites).
- Use USB or other memory storage devices to bring non-educational files onto the School network (e.g. games, music, images etc).
- Damage computers, printers or the network equipment.
- Use another student's device without permission.
- Use School or personal resources (laptops, iPads, iPods, mobile phones, tablet devices etc.) to play games, access or play unauthorised music, download applications or other forms of software, or to procure without the express permission of the School Administration.
- Charge the battery of my personal device at school.
- Use personal devices to create wireless hotspots to circumvent the secure School network.

Students need to be prepared for the possibility of unanticipated access to harmful information, materials or approaches from unknown persons via the internet (e.g. SPAM or viruses and Trojans with other files from the net). It is therefore a condition of use that students must report accidental access to offensive, illegal, harmful information and approaches from unknown persons via the internet to the supervising teacher or school staff member.

Laidley State High School reserves the right to restrict/remove student access to the intranet, internet or network facilities if parents or students do not adhere to this network, facilities and equipment usage policy. This may also include other School behavioural consequences (eg. Suspension) as outlined in our School's Responsible Behaviour Plan for Students and as seen as appropriate by the School IT Head of Department and members of the School Administration.

Student Agreement

I understand that the school's ICT network provides me with access to a range of essential learning tools, including the internet. I understand that the internet can connect me to useful information stored on computers around the world. While I have access to the school's ICT network abide by the conditions of use as outlined.

Specifically, in relation to internet usage, should any offensive pictures or information appear on my screen I will close the window immediately and quietly inform my teacher, or at home tell my parents/guardians. If I receive any inappropriate emails at school, I will tell my teacher or if I receive any at home, I will tell my parents/guardians.

I understand that if the school decides I have broken the rules for using its ICT network, appropriate action will be taken, which may include loss of access to the network (including the internet) for a period of time.

Student's name: _____

Student's signature: _____ *Date:* ____/____/____

Parent / Guardian Agreement

I understand that the school provides my student with access to the school's ICT network (including the internet) for valuable learning experiences. In regards to internet access, I understand that this will give my student access to information on computers from around the world; that the school cannot control what is on those computers; and that a small part of that information can be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information should depend finally upon responsible use by my student. Additionally, I will ensure that my student understands and adheres to the school's appropriate behaviour requirements and will not engage in inappropriate use of the school's ICT network. Furthermore, I will advise the school if any inappropriate material is received by my student that may have come from the school or from other students

I believe my student understands this responsibility, and I hereby give my permission for him/her to access and use the school's ICT network (including the internet) under the school rules. I understand that students breaking these rules will be subject to appropriate action by the School. This may include loss of access and usage of the school's ICT network for some time.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ *Date:* ____/____/____

UNIFORM POLICY

The full Laidley State High School Student Dress Code can be viewed in the School Policy section of the school website at www.laidleyshs.eq.edu.au

I have read the Dress Code and Uniform Policy and agree to abide by this policy.

Student signature: _____ *Date:* ____/____/____

Parent/Guardian signature: _____ *Date:* ____/____/____

PHONE POLICY

The full Laidley State High School Phone Policy & Procedures can be viewed in the School Policy section of the school website at www.laidleyshs.eq.edu.au

I have viewed the Phone Policy & Procedures Policy and agree to abide by this policy.

Student signature: _____ *Date:* ____/____/____

Parent/Guardian signature: _____ *Date:* ____/____/____

ADDITIONAL INFORMATION

Please provide further information on the following topics so that support staff are informed and can begin preparing adjustments for your student.

Students with Disabilities Information

Has your student been **diagnosed** with a disability (diagnosed by a medical professional)? **YES / NO**

Please indicate the verified disability:

☐ Autistic Spectrum ☐ Speech Language Impairment ☐ Hearing Impairment

☐ Visual impairment ☐ Physical Impairment ☐ Intellectual Disability

☐ ADD/ADHD ☐ ODD ☐ Dyslexia

☐ Auditory Processing ☐ Dysgraphia

☐ Other: (please state): _____

☐ **Documentation attached** (please provide any medical reports)

☐ Does your student access NDIS Support (please provide details): _____

Does/has your student received learning/speech language support, or occupational therapy? **YES / NO**

Please tick the level of adjustment/s your student is receiving:

☐ Differentiation ☐ Supplementary ☐ Substantial

☐ Extensive ☐ Extentive plus

Please provide detailed information regarding any educational adjustments or support currently in place for your student, including any relevant staff who may be contacted for further information. Please also indicate if supporting documentation will be provided.

☐ **Documentation attached**

_____

_____

_____

_____

_____

_____

_____

_____

Students with Mental Health Needs

Does your student suffer from a Practitioner Diagnosed mental health condition? **YES / NO**

If so, please provide a mental health plan, details or any relevant supporting documentation.

☐ **Documentation attached**

Suspension/Exclusions

Have you ever been suspended or excluded from any other educational institution? **YES/NO**

Students from Diverse Cultural and Linguistic Backgrounds

Is your student a learner who has a Language Background Other Than English (LBOTE)? **YES / NO**

If yes, how many years has your student been educated with English as the medium of instruction? _____

Has your child been receiving EAL/D (English as Additional Language or Dialect) support? **YES / NO**

Medical Information

As **indicated on page 6** of this enrolment form, if your student has a complex medical need, please provide an up-to-date Health Care Plan and relevant documentation. ☐ **Documentation attached**

Note: Please refer to "Administration of medication" Policy included in enrolment form.

STUDENT NAME: _____

Student to complete … Getting to know YOU!!

What activities do you enjoy doing at school? Include any activities from class or out of class.

_____

_____

What is your favourite subject?

_____

What are you most proud of about your latest report card?

_____

_____

What classroom/school activities do you sometimes find difficult?

_____

_____

Are there ways that work to help you with this difficulty?

_____

_____

What are your hobbies/interests?

_____

_____

Have you held any leadership positions/responsibilities either at school or elsewhere? Please provide details.

_____

Have you previously been involved in an Instrumental Music Program, or do you play an instrument at home? **YES / NO**

If so, which instrument do you play? _____ What level are you at? _____

YEAR 7 ONLY:

What are you looking forward to when you attend High School, and do you have any worries/concerns?

Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	*Asthma action plan*
Anaphylaxis	EpiPen	ASCIA *Anaphylaxis Action Plan*
Diabetes	Insulin injection, insulin pump	Department of Education *Medication order to administer 'as-needed' medication at school* or medication order or *diabetes management plan* or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education *Medication order to administer 'as-needed' medication at school*
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education *Medication order to administer 'as-needed' medication at school*
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

1) Complete Section A.
2) Provide the school with the medication in the original container with intact packaging.
3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
4) Make an appointment with the principal/delegate if:
    - the student requires medication as an emergency response;
    - you would like the student to self-administer their medication;
    - the student has complex health support needs or requires other support strategies; or
    - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

1) Complete Section A and Section B.

Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: *Complete the details below:*

NOTE: This form only collects information for one (1) medication. If **more than one medication** is required, please complete a separate form for each medication.

Student name		**Date of birth**	
Parent/carer name		**Phone number**	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	

I confirm that the medication provided to the school (as listed above):

☐ is medically authorised *(e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)*

☐ is in the original dispensed container with intact packaging

☐ has the student's and doctor's names on the pharmacy label *(if there is no other written evidence of medical authorisation)*

☐ is current/in-date *(*The expiry date of the medication is _ _ / _ _ / _____ *).*

The medication is required:		If **Yes** to any questions, complete the following:
(a) routinely (e.g. 11am every day)	☐ **No** ☐ **Yes**⇨	Administer at _ _: _ _ am/pm on the following days: *(circle the day/s required)* Monday Tuesday Wednesday Thursday Friday
(b) for a short time only (e.g. only for 2 weeks)	☐ **No** ☐ **Yes**⇨	Start date: _ _ /_ _ / _ _ _ _ End date: _ _ /_ _ / _ _ _ _
(c) to manage a health condition by following a current action plan or health plan	☐ **No** ☐ **Yes**⇨	Is the medication for: ☐ asthma ☐ anaphylaxis ☐ diabetes ☐ epilepsy ☐ cystic fibrosis ☐ other *(describe)*
(d) 'as needed' to treat minor or non-emergency symptoms	☐ **No** ☐ **Yes**⇨	☐ I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication?	**Yes** ☐ **No** ☐

If **Yes**, describe: _____

Parent/carer/student signature		**Date**	

If the student is to self-administer this medication, also complete **Section B**

NOTE: Controlled drugs cannot be self-administered.

Section B*: Details for student self-administration of medication:*

In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.

Student name		**Date of birth**	

- I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times.
- I confirm that the student can store their medication securely.
- I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student.

Health condition	
☐ Asthma - secondary school students only	☐ I approve for the student to self-administer their asthma medication. **NOTE:** The school will need a copy of the student's *Asthma Action Plan* if it varies from the standard asthma first aid response

Health condition	I seek approval from the principal/delegate for the student to self-administer:
☐ Asthma	☐ their asthma medication *(following a current action plan/health plan)*
☐ Anaphylaxis	☐ their adrenaline auto-injector *(following a current action plan/health plan)*
☐ Diabetes	☐ their medication *(following a current health plan)*
☐ Cystic fibrosis	☐ their medication *(following a current health plan)*
☐ Other _____	☐ their medication *(following a current health plan)*

Parent/carer/student signature		**Date**	

LAIDLEY STATE HIGH SCHOOL

USI (Unique Student Identifier) Creation

At Laidley State High School, all students undertake a range of learning including Vocational Education and Training (VET). These courses are provided by the school who is a Registered Training Organisation (RTO), or through a partnership with an external Registered Training Organisation (RTO). Students will be issued with a Certificate of Completion in addition to a report card. Whilst Junior Secondary students will not be engaging in VET courses, applying for the USI now allows for administrative ease while all of the relevant documentation is assembled for enrolment.

All students undertaking nationally recognised training delivered by a registered training organisation will need to have a Unique Student Identifier (USI). A USI gives students access to their online USI account which records nationally recognised training records and results. When applying for a job or enrolling in further study, students will often need to provide their training records and results. One of the main benefits of the USI is that students will have easy access to their training records and results throughout their life.

Laidley SHS requires a USI from students upon enrolment. Follow the steps below to create a USI for your student. **If you have difficulty**, please **call the USI office** on 1300 857 536 or **seek assistance** from a school office administrator **admin@laidleyshs.eq.edu.au**

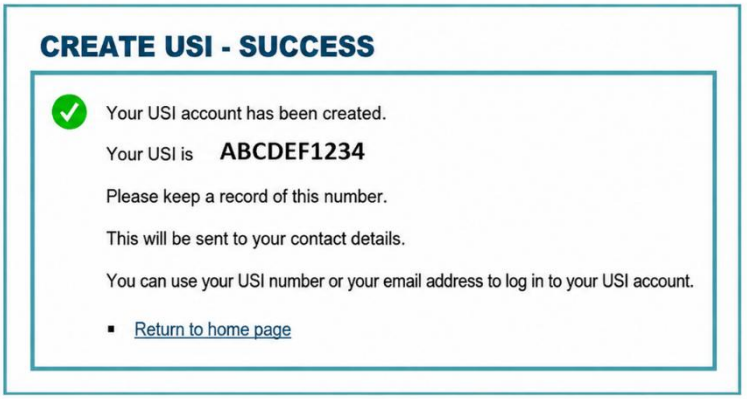
STEPS TO CREATE A USI

STEP 1:
Have your Medicare card, child's Australian Birth Certificate or child's Non Australian passport with Australian Visa

STEP 2:
Log on to www.usi.gov.au

STEP 3:
Under "Who are you?", select "I am a Student", then choose "I want to create a USI" and follow the prompts.

SAMPLE



Record USI clearly in BLOCK LETTERS below

Student Name: _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

LAIDLEY SHS MEDIA CONSENT FORM

Introduction to the State School Consent Form for Laidley State High School

This letter is to inform you about how we will use your child's personal information and student materials. It outlines:

- what information we record
- how we will use student materials created during your child's enrolment.

Examples of personal information which may be used and disclosed (subject to consent) include part of a person's name, image/photograph, voice/video recording or year level.

Your child's student materials:

- are created by your child whether as an individual or part of a team
- may identify each person who contributed to the creation
- may represent Indigenous knowledge or culture.

Purpose of the consent

It is the school's usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education.

To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the 'Media Sources' section below.

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements.

The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided.

It should be noted that in some instances the school may be required by the *Education (General Provisions) Act 2006* or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.

Consent may be limited or withdrawn

Consent may be limited or withdrawn at any time by you.

If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

Media sources used

Following is a list of online and social media websites and traditional media sources where the school may publish your child's personal information or student materials subject to your consent.

- School website: **www.laidleyshs.eq.edu.au**
- Facebook: **www.facebook.com/LaidleySHS**
- YouTube: **www.youtube.com**
- Instagram: **Laidley State High School (@laidleystatehighschool)**
- Twitter: **Not applicable**
- Other: **QSchools app, Laidley SHS High Flyer, Laidley SHS Year Book, DayMap**
- Local newspaper
- School newsletter: **Electronic newsletter**
- Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact: **admin@laidleyshs.eq.edu.au**

The administration office should be contacted if you have any questions regarding consent. Please retain this letter for your records and return the signed consent form.

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

Queensland Government

Laidley State High School

Consent Form

1 *IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES*

- **Parent/carer to complete**
- **Mature/independent students may complete on their own behalf** (if under 18 a witness is required).

(a) Full name of individual: .....

(b) Date of birth: .....

(c) Name of school: ……..

(d) Name to be used in association with the person's personal information and materials* (please select):

❑ Full Name ❑ First Name only ❑ No Name ❑ Other Name …….

****Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use a student's name at its discretion***
****** For school photos Full Name will be used unless a limitation is given in Section 5 below.***

.

2 *PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM*

(a) **Personal information** that may identify the person in section 1:

▸ Name (as indicated in section 1) ▸ Image/photograph ▸ School name
▸ Recording (voices and/or video) ▸ Year level

(b) **Materials** created by the person in section 1:

▸ Sound recording ▸ Artistic work ▸ Written work ▸ Video or image
▸ Software ▸ Music score ▸ Dramatic work

3 *APPROVED PURPOSE*

If consent is given in section 6 of the form:

- The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
  - Any activities engaged in during the ordinary course of the provision of education (including assessment),
    or other purposes associated with the operation and management of the school or DoE including to publicly
    celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.
  - Promoting the success of the person in section 1, including their academic, sporting or cultural achievements.
  - Any other activities identified in section 4(b) below.
- The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
  - the school's newsletter and/or website;
  - social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached);
  - year books/annuals;
  - promotional/advertising materials; and
  - presentations and displays.

4 *TIMEFRAME FOR CONSENT*

School representative to complete.

(a) Timeframe of consent: duration of enrolment.
(b) Further identified activities not listed in the form and letter for the above timeframe:

_____

_____

5 *LIMITATION OF CONSENT*

The Individual and/or parent wishes to limit consent in the following way:

6 *CONSENT AND AGREEMENT*

▶ **CONSENTER – I am (tick the applicable box):**

☐ parent/carer of the identified person in section 1
☐ the identified person in section 1 (if a mature/independent student or employee including volunteers)
☐ recognised representative for the Indigenous knowledge or culture expressed by the materials

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3.

By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Print name of student .....

Print name of consenter.....

Signature or mark of consenter.....

Date .....

Signature or mark of student (if applicable) .....

Date .....

SPECIAL CIRCUMSTANCES

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or Individual student; or when the consenter is an independent student and under 18 the section below must be completed.

► WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read

I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications.

Print name of witness .....

Signature of witness .....

Date .....

► Statement by the person taking consent – when it is read

I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified materials will be used in accordance with the State School Consent Form
2. reference to the identified person will be in the manner consented
3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the consenter.

Print name and role of person taking the consent .....

Signature of person taking the consent .....

Date .....

Privacy Notice

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information to facilitate registration and use of third party web based software identified on the form. The information will be used and disclosed by authorised school employees for the purposes outlined on the form.
Student personal information collected on this form may also be used or disclosed to third parties where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal student information on this form or discuss how it has been dealt with, please contact your student's school in the first instance.

Enrolment Checklist

Please ensure all relevant forms and supporting documents are completed and returned with your student's enrolment application.

Please tick each box once completed.

Tick	Required Forms & Documents
☐	Enrolment Application Form
☐	LOTE Information Form *(Year 7 & 8 students only)*
☐	Subject Selection Form *(Year 9-12 students only)*
☐	Student Resource Scheme – Participation Agreement Form
☐	Proof of Address provided **Please provide ONE item from each category below:** **Primary Source** – current driver licence, lease agreement, rates notice or unconditional sale agreement **Secondary Source** – utility bill (electricity, gas, water etc.) showing the same address and parent/carer name
☐	Copy of student's Birth Certificate

Important Information

- Student Resource Scheme fees for students commencing during the school year will be calculated on a pro-rata basis and invoiced from the student's first day of attendance.
- Please ensure all forms are signed where required before submission.

Office Use Only

Tick	Required Forms & Documents
☐	Online Services Consent Form
☐	Custody / Family Court Orders *(if applicable)*
☐	Medical Health Plans & Medical Reports from a doctor *(e.g. asthma, anaphylaxis)*
☐	BYOx Digital Futures Agreement Form
☐	P&C Membership & Tuckshop Volunteer Form
☐	Passport and Visa documentation *(required for students who are not Australian citizens)*