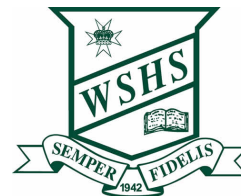


# WYNNUM STATE HIGH SCHOOL

## 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*<br>(as per birth certificate)                            |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| Legal given names*<br>(as per birth certificate)                            |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| Preferred family name                                                       |                                                               | Preferred given names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
| Gender*                                                                     | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ____ / ____ / ____ |
| Copy of birth certificate available to show school staff*                   | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <p>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.</p> <p>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.</p> <p>For international students approved for enrolment by EQI, a passport or visa will be acceptable.</p> |                    |
| For prospective mature age students, proof of identity supplied and copied* | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <p>Prospective mature age students must provide photographic identification which proves their identity:</p> <ul style="list-style-type: none"> <li>• current driver's licence; or</li> <li>• adult proof of age card; or</li> <li>• current passport.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |

| APPLICATION DETAILS                                                                                     |                                                          |                                                                                       |               |                    |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------|---------------|--------------------|
| Has the prospective student ever attended a Queensland state school?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander |

| FAMILY DETAILS                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parents/carers                                                                                                                                             | Parent/carer 1                                                                                                                                                                                                                                                                                                                                                    | Parent/carer 2                                                                                                                                                                                                                                                                                                                                                    |
| Family name*                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Given names*                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Title                                                                                                                                                      | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr                                                                                                                                                                                                                    | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr                                                                                                                                                                                                                    |
| Gender                                                                                                                                                     | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                     |
| Relationship to prospective student*                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Is the parent/carer an emergency contact?*                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          |
| 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                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Occupation                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| What is the occupation group of the parent/carer?                                                                                                          | <input type="checkbox"/> (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') | <input type="checkbox"/> (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) | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify<br>_____                                                                                                                                                                                                                                                        | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify<br>_____                                                                                                                                                                                                                                                        |
| Needs interpreter?                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          |
| Is the parent/carer an Australian citizen?                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          |
| Is the parent/carer a permanent resident of Australia?                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>highest</i> 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 <i>highest</i> 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                                                         | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| Year 10 or equivalent                                                                 | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| Year 11 or equivalent                                                                 | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| Year 12 or equivalent                                                                 | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| 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)                                     | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| Advanced Diploma/Diploma                                                              | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| Bachelor degree or above                                                              | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |
| No non-school qualification                                                           | <input type="checkbox"/>                                                                                                                                     |          |  | <input type="checkbox"/>                                                                                                                                     |          |

| COUNTRY OF BIRTH*                                  |                                                                                                                                                        |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| In which country was the prospective student born? | <input type="checkbox"/> Australia<br><input type="checkbox"/> Other (please specify country) _____<br>Date of arrival in Australia ____ / ____ / ____ |
| Is the prospective student an Australian citizen?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify _____ |

| EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS (to be completed if this person is NOT an Australian citizen)* |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Permanent resident                                                                         | Complete passport and visa details section below                                                                                       |
| <input type="checkbox"/> Student visa holder                                                                        | Date of arrival in Australia ____ / ____ / ____      Date enrolment approved to: ____ / ____ / ____                                    |
|                                                                                                                     | EQI receipt number:                                                                                                                    |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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?                                    | <input type="checkbox"/> Queensland <input type="checkbox"/> interstate <input type="checkbox"/> overseas                                                                                                                                                                |
| Previous education/activity                                                      | <input type="checkbox"/> Kindergarten <input type="checkbox"/> School <input type="checkbox"/> VET <input type="checkbox"/> Home education <input type="checkbox"/> Full-time employment<br><input type="checkbox"/> Part-time employment <input type="checkbox"/> Other |
| Please provide name and address of education provider/activity provider/employer |                                                                                                                                                                                                                                                                          |

**RELIGIOUS INSTRUCTION\***

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>From Year 1, the prospective student may participate in religious instruction if it is available.</p> <p>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.</p> <p>Parents/carers may change these arrangements at any time by notifying the principal in writing.</p> | <p>Do you want the prospective student to participate in religious instruction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>If 'Yes', please nominate the religion:</p>                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |

**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)              |                   |                   |
| 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 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                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                 |                                                                                          |                                                          |
| Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)                                                                                                                                                                                                                                                                                |                                                                          |                                                                                          |                                                          |
| Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories 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.                                                                                                                                                                                            | <input type="checkbox"/> No <input type="checkbox"/> 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) |                                                                          |                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> 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?                                                | <input type="checkbox"/> Yes <input type="checkbox"/> 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                                             |                |

**Uncontrolled copy.** Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/enrolment-in-state-primary-secondary-and-special-schools-procedure> to ensure you have the most current version of this document

| COURT ORDERS* (continued)                                                                                                                                         |                                                          |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------|
| <b>Family Court Orders*</b>                                                                                                                                       |                                                          |                 |
| Are there any current orders made pursuant to the <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| If yes, what are the dates of the court order? Please provide a copy of the court order.                                                                          | Commencement date                                        | ___ / ___ / ___ |
|                                                                                                                                                                   | End date                                                 | ___ / ___ / ___ |
| <b>Other Court Orders*</b>                                                                                                                                        |                                                          |                 |
| Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                     |  |                                                                                                       |  |
|                                                                                      |                                                          | If no, indicate reason:<br><input type="checkbox"/> Does not meet School EMP or Enrolment Eligibility Plan requirements<br><input type="checkbox"/> Prospective student is mature age and school is not a mature age state school<br><input type="checkbox"/> Does not meet Prep age eligibility requirement<br><input type="checkbox"/> Prospective student is subject to suspension from a state school at the time of enrolment application<br><input type="checkbox"/> Does not meet requirements for enrolment in a state special school<br><input type="checkbox"/> Does not have an approved flexible arrangement with the school<br><input type="checkbox"/> School does not offer year level prospective student is seeking to be enrolled in<br><input type="checkbox"/> Prospective student has no remaining semester allocation of state education |  |                                                                                     |  |                                                                                                       |  |
| Date enrolment processed                                                             | ___ / ___ / ___                                          | Year level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Roll Class                                                                          |  | EQ ID                                                                                                 |  |
| Independent student                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Birth certificate/passport sighted, number recorded and DOB confirmed               |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number: _____                             |  |
| Is the prospective student over 18 years of age at the time of enrolment?            |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                     |  |                                                                                                       |  |
| If yes, is the prospective student exempt from the mature age student process?       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                     |  |                                                                                                       |  |
| If no, has the prospective mature age student consented to a criminal history check? |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                     |  |                                                                                                       |  |
| School house/team                                                                    |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | EAL/D support                                                                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> To be determined |  |
| FTE                                                                                  |                                                          | Associated unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Visa and associated documents sighted                                               |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                              |  |
| EQI category                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | SV – student visa<br>TV – temporary visa<br>DS – dependent – parent on student visa |  | EX – exchange student<br>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/refugee/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 a state 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 (visa restrictions 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.