



# ENROLMENT DOCUMENTATION 2026 YEAR 7

# Enrolment Process

An Enrolment Management Plan (EMP) is in place for Windaroo Valley SHS. The schools EMP and boundary catchment map can be located on our school website. Students from outside the catchment area can apply however there are strict guidelines. If you are interested in enrolling your student for 2027, Please complete this enrolment application.

## The Enrolment Process:

- 1. Complete the Enrolment Documentation for Year 7 2027** and return with supporting documentation to the school office. Supporting documentation includes: the student's Birth Certificate, latest school reports, latest NAPLAN report and for in catchment enrolments, proof of residency (rates notice, current lease agreement, unconditional sale agreement) **and** current utility bill (gas, electricity).
- 2. Successful Enrolment Applications** will be invited, via email, to attend a compulsory enrolment meeting. Students who are unsuccessful will be advised in writing via email.

Enrolment Enquiry Contact Details: For further details regarding enrolments please contact the enrolments officer - Phone: 3804 2330 | Email: [enrolments@windaroovalleyshs.eq.edu.au](mailto:enrolments@windaroovalleyshs.eq.edu.au)  
Website: [www.windaroovalleyshs.eq.edu.au](http://www.windaroovalleyshs.eq.edu.au)

## Enrolment Application Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                |                                   |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|-----------------------------------|----------------------|
| Year level applying for                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text" value="7"/> | For the school year            | <input type="text" value="2026"/> |                      |
| Student Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/>           | Sex M <input type="checkbox"/> | F <input type="checkbox"/>        |                      |
| Current School                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>           | Date of Birth                  | <input type="text"/>              |                      |
| 1. Parent/Guardian Details (child resides with)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 2. Parent/Guardian Details     |                                   |                      |
| Mr <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mrs <input type="checkbox"/>   | Ms <input type="checkbox"/>    | Miss <input type="checkbox"/>     |                      |
| Name <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Name <input type="text"/>      |                                   |                      |
| Please provide the details of all other school age residential siblings:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                |                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                              | 2                              | 3                                 | 4                    |
| Sibling Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/>           | <input type="text"/>           | <input type="text"/>              | <input type="text"/> |
| Current School                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>           | <input type="text"/>           | <input type="text"/>              | <input type="text"/> |
| Year level                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>           | <input type="text"/>           | <input type="text"/>              | <input type="text"/> |
| <div><b>Office use only – Please do not write in this space – Accepted for below reasons:</b><br/>In catchment <input type="checkbox"/> Sibling <input type="checkbox"/> Out of Catchment Approved for one of the following<br/>Excellence Programs: GTEK <input type="checkbox"/> Japanese <input type="checkbox"/> Music <input type="checkbox"/> STEM <input type="checkbox"/> ACE <input type="checkbox"/> Touch <input type="checkbox"/> Scholarship <input type="checkbox"/></div> |                                |                                |                                   |                      |

# Enrolment Application Checklist

Please tick ✓ the relevant box which relates to the student's application and attach a copy of the information required:

☐ Copy of their birth certificate

If your student was not born in Australia and does have Australian Citizenship

☐ Copy of their Australian Citizenship Certificate

If your student was not born in Australia and does not have Australian Citizenship

☐ Copy of their passport, visa and date of arrival stamp

Please supply the following:

☐ School Report (most recent)

☐ NAPLAN Report (most recent)

☐ Court Orders if applicable (Custody Documents)

Local Catchment Area - [www.qgso.qld.gov.au/maps/edmap/](http://www.qgso.qld.gov.au/maps/edmap/)

Parents or legal guardians who wish to enrol the student at the school will need to demonstrate that the student's principal place of residence is within the catchment area. Current proof of residency at the address indicated must be provided by way of both the following documents:

☐ A current lease agreement or a current Rates Notice showing this same address and parent's / legal guardian's name  
&

☐ A current Utility Bill showing this same address and parent's / legal guardian's name

## Excellence Programs

Excellence Programs are unique to Windaroo Valley State High School and designed to support student interests and strengths. Please indicate If applying for one of these excellence programs by completing a separate Excellence Program application form with the attached relevant documentation. Out of catchment enrolments must apply for one of the following programs. Applicants must list in order of preference the excellence programs they wish to be considered for enrolment. Students can be allocated to GTEK and one other program.

**Have you applied for an Excellence Program/s?**

☐ Yes ☐ No

**Have you completed and attached your application with relevant documentation?**

☐ Yes ☐ No

**Have you selected and ranked your preferred Excellence Program/s?**

☐ Yes ☐ No

**Check that all details are completed as incomplete enrolments will not be accepted.** If returning via email to [enrolments@windaroorovalleyshs.eq.edu.au](mailto:enrolments@windaroorovalleyshs.eq.edu.au) please attach scanned copies of original documents only. Photos of documents will not be accepted. If delivering enrolment applications in person to the office please provide photocopies of all original documentation.

*NOTE: Incomplete enrolment applications will not be processed.*

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 / Guardian Signature

Date

# 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:

1. assessing whether your application for enrolment should be approved
2. meeting reporting obligations required by law or under Federal – State Government funding arrangements
3. administering and planning for providing appropriate education, training and support services to students
4. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
5. 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      | 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.<br>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.<br>For international students approved for enrolment by EQI, a passport or visa will be acceptable. |  |
| For prospective mature age students, proof of identity supplied and copied* | <input type="checkbox"/> Yes <input type="checkbox"/> No      | Prospective mature age students must provide photographic identification which proves their identity: <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

# Enrolment Application Form

## 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>Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            | <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                                                                                                                                                                            |
| 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                                                                                                                                                                                                                                                                                                          |

# Enrolment Application Form

## 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                                                                                                         |
|                                                    | <input type="checkbox"/> Other (please specify country) _____                                                                              |
| 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                  |
|                                                                           | <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 _____ |                                                                                                                                        |                             |

# Enrolment Application Form

## 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  |

# Enrolment Application Form

## 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                                             |  |



# Enrolment Application Form

## COURT ORDERS\* (continued)

### Family Court Orders\*

Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?

☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date

End date

### Other Court Orders\*

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?

☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date

End date

## APPLICATION TO ENROL\*

I hereby apply to enrol my child or myself at Windaroo Valley State High School.

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

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

- Drivers, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]
- Office assistants, sales assistants and other assistants:
- Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- Assistant/aide [trades' assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
- Defence Forces ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

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

# State Schools Standardised Medical Condition Category List

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

# Application to enrol in a Queensland State School

This sheet contains information on how to complete the Application for student enrolment form (SEF-1 Version 8).

## Entitlement to enrolment

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

# Media Consent Form

## Introduction to the State School Consent Form for Windaroo Valley State High School

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

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

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

Your child's student materials:

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

## Purpose of the consent

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

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

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements. The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided. It should be noted that in some instances the school may be required by the Education (General Provisions) Act 2006 (Qld) or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

## Voluntary

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

## Consent may be limited or withdrawn

Consent may be limited or withdrawn at any time by you. If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address. If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use. The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

## Media sources used

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

- **School website:** [www.windaroovalleyshs.com.au](http://www.windaroovalleyshs.com.au)
- **Facebook:** [www.facebook.com/WindarooValleySHS](https://www.facebook.com/WindarooValleySHS)
- **YouTube:** [www.youtube.com/WindaRootube](https://www.youtube.com/WindaRootube)
- **Local newspaper**
- **School newsletter**
- **Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.**

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

## Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent. During the school year there may be circumstances where the school or Department of Education may seek additional consent.

## Who to contact

To return a consent, express a limited consent or withdraw consent please contact school administration on 3804 2333 or by email: [admin@windaroovalleyshs.eq.edu.au](mailto:admin@windaroovalleyshs.eq.edu.au). School administration should be contacted if you have any questions regarding consent.

# Media Consent Form

## 1. IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES

Parent/carer to complete

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

Full name of individual

Date of Birth

Name of School

Windaroo Valley State High School

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

|                                    |                                          |                                  |                                                      |
|------------------------------------|------------------------------------------|----------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Full name | <input type="checkbox"/> First name only | <input type="checkbox"/> No name | <input type="checkbox"/> Other: <input type="text"/> |
|------------------------------------|------------------------------------------|----------------------------------|------------------------------------------------------|

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

## 2. PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

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

Name (as indicated in section 1) | Image/photograph | School name

Recording (voices and/or video) | Year level

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

Sound recording | Artistic work | Written work | Video or image

Software | Music score | Dramatic work

## 3. APPROVED PURPOSE

If consent is given in section 6 of the form:

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

## 4. TIMEFRAME FOR CONSENT

School representative to complete.

(a) Timeframe of consent: duration of enrolment.

(b) Further identified activities not listed in the form and letter for the above timeframe:

## 5. LIMITATION OF CONSENT

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



# Media Consent Form

## 6. CONSENT AND AGREEMENT - I am (tick the applicable box):

☐

parent/carer of the identified person in section 1

☐

the identified person in section 1 (if a mature/independent student or employee inc volunteers)

☐

recognised representative for the Indigenous knowledge or culture expressed by the materials

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3. By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Student Name

Consenter Name

Student Signature (if applicable)

Consenter Signature

Date

Date

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

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

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

Witness Name

Witness Signature

Date

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

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

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

Name and role of person taking the consent

Signature of person taking the consent

Date

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

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

# Student Information

Please answer the following in as **much detail as possible**. Please print and circle/tick appropriate answers.

Does the student currently or has previously had a **DDA/ AIMS/ PLP** record that you are aware of:

YES ☐ NO ☐

## 1. Last School Attended (including State/Country):

| School               | Year Level           | State Country        |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 2. Does your Child have any of the following diagnosed medical conditions?

| Diagnosed Condition                                                                 | Can provide Doctor/ specialist report? | Receiving treatment or taking medication | Action Plan in Place **  | Medical Condition                                                                             | Can provide Doctor/ specialist report? | Receiving treatment (detail below) | Action Plan in Place **  |
|-------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|--------------------------|
| ADD (Attention Deficit Disorder)                                                    | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Asthma                                                                                        | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| ADHD ((Attention Deficit Hyperactive Disorder)                                      | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Allergies (if yes, see officer)                                                               | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Anxiety ( <b>Medically diagnosed</b> only)                                          | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Anaphylaxis (if yes, see officer)                                                             | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Depression ( <b>Medically diagnosed</b> only)                                       | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Diabetes                                                                                      | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| ASD (Autistic Spectrum Disorder or Asperger's)                                      | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Migraine                                                                                      | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Speech Language Impairment                                                          | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Epilepsy                                                                                      | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Intellectual Impairment                                                             | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Scoliosis                                                                                     | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Physical Impairment                                                                 | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Heart Problems                                                                                | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Athletes with disabilities classification                                           | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Hearing Impairment                                                                            | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| FAS Fetal Alcohol Syndrome                                                          | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Vision Impairment                                                                             | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Diagnosed Cognitive Learning Disability (Dyslexia, dysgraphia...) State Name: _____ | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Other (may include but not limited to: Cerebral Palsy, Muscular Dystrophy, Down Syndrome....) | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |
| Other: _____                                                                        | <input type="checkbox"/>               | <input type="checkbox"/>                 | <input type="checkbox"/> | Other: _____                                                                                  | <input type="checkbox"/>               | <input type="checkbox"/>           | <input type="checkbox"/> |

If the student requires **medication at school** or carries medication (such as an epi pen) with them, please **advise the enrolments officer prior** to starting school.

**\*\*Students with a current Action Plan in place will need to provide a copy to the School prior to enrolment.**

## Treatment / Additional Information/ Current Medications and reason:

**3. Does the student:** Wear Glasses ☐ Have a Hearing Aide ☐ Use a Prosthetic Device ☐  
Use Assistive technology ☐

Additional Information



# Student Learning Information

4. Is English the student's first language? (EALD) YES ☐ NO ☐

5. Does the student speak English at home? YES ☐ NO ☐ Language spoken at home:

6. Is the student currently receiving any learning support in class?  
(eg. reading programs, Teacher Aide support in class, numeracy program, behavior support) YES ☐ NO ☐

7. What level of support is the student currently receiving?

☐ Teacher Aide Support ☐ Withdrawal into small groups/Special Education Unit  
☐ Guidance Officer Other

8. Do they have ICP (Individual Curriculum Plans) in place? YES ☐ NO ☐

- What year level is the student currently working at?

Maths  English

9. Does the student have any additional needs (eg tires easily, needs to use the toilet often)?

10. Has the student received any support with behaviour at previous schools, if so please provide details:

11. What are the students strengths and weakness (eg good at Maths, difficulty with reading)?

Strengths

Weakness

12. Does the student have any interests (eg sport, music, dance, computers)?

Office use only

Distributed:

Date Enrolled  Year Level  ☐ DP ☐ GO ☐ JS ☐ LE ☐ SEP

# Enrolment Agreement

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

## **Responsibility of student to:**

- attend school regularly, on time, ready to learn and take part in school activities
- act at all times with respect and show tolerance towards other students and staff
- work hard and comply with requests or directions from all staff
- abide by school rules/expectations outlined in the Student Code of Conduct, including not bringing in prohibited items to school
- meet homework and assessment requirements and follow the school's Student Dress Code Policy
- respect the school environment
- match your behaviour to the STAR matrix

## **Responsibility of parents to:**

- attend parent / teacher interviews
- let the school know if there are any problems that may affect your child's ability to learn and support your child to complete homework and assessments
- inform school of reason for any absence
- treat school staff with respect and tolerance
- support the authority and discipline of the school enabling your child to achieve maturity, self-discipline and self-control
- abide by school's policy regarding access to school grounds before, during and after school hours
- advise Principal if your child is in the care of the state or you are the carer of a child in the care of the state
- inform school if your child's living arrangements change and provide details of new home address and phone number or updated medical records
- ensure that your child attends school regularly, on time, ready to learn and take part in school activities

## **Responsibility of school to:**

- provide an inclusive and engaging curriculum and teaching
- inform parents and carers regularly about how their children are progressing
- teach effectively and to set the highest standards in work and behaviour
- take reasonable steps to ensure the safety, happiness and self-confidence of all students
- be open and welcoming at all reasonable times and offer opportunities for parents and carers to become involved in the school community
- clearly articulate the school's expectations regarding the Student Code of Conduct for students and the school's Dress Code Policy
- contact parents and carers as soon as is possible if the school is concerned about the child's school work, behaviour, attendance or punctuality
- deal with complaints in an open, fair and transparent manner
- consult parents on any major issues affecting students
- treat students and parents with respect and tolerance.

# Enrolment Agreement

## Third Party Consent - Websites

As part of a 21st century education, your child will access websites for educational purposes. Some of these websites will require personal information being shared with the website owner to be able to register and use the software. Examples of these types of websites include: Adobe Creative Cloud, Kahoot, Stile Education and Smartlabs. A list of third part websites is available on our school website. Your student's safety and privacy is always a priority. All websites accessed for learning are chosen for their educational benefits and with the safety of children in mind.

## Privacy Statement

The Department of Education, through the school, is collecting your personal information in accordance with section 51 of the Education (General Provisions) Act 2006 in order to administer the Student Resource Scheme in an efficient, ethical and secure manner. The information will only be accessed by school employees administering the scheme. Some of this information may be given to departmental employees for the purpose of debt recovery. Your information will not be given to any other person or agency unless you have given permission or the Department of Education is authorised or required by law to make the disclosure.

## INFORMATION TECHNOLOGY, MOBILE PHONE AND ELECTRONIC DEVICES ACCEPTABLE USE POLICY

### Student

I have read, understand and will abide by the conditions and rules as set out in the school's Information Technology, Mobile Phone and Electronic Device Acceptable Use Policy. I further understand that there will be consequences (including loss of network privileges) if I should commit any violation of these conditions and agree to accept these consequences if I break the rules as outlined in the Windaroo Valley SHS Student Planner and Student Code of Conduct.

### Parent

General Use and Access of Information Technology Resources:

I have read and understand the Information Technology, Mobile Phone and Electronic Device Acceptable Use Policy. I agree that the disciplinary consequences should be followed if my child willingly breaks any of the Rules of Acceptable Use as outlined in this document. I also understand that theft or damage to school equipment will result in a bill for the cost of replacement parts or repairs.

### Internet Access:

I understand that it is impossible for the school to fully restrict access to controversial materials on global information systems such as the Internet. I also understand that while the school and the Department of Education, will take appropriate measures to limit access to illegal, dangerous or offensive materials, ultimately, it is each student's responsibility not to initiate access to such material. I understand that my student's personal information will be provided to third party software providers for the the purpose of registration and use of the software, and this information may be stored outside of Australia. I hereby give permission for my child to be given access to electronic communication networks including the Internet.

# Enrolment Agreement

## BYOD Responsible use agreement

The following is to be read and completed by both the STUDENT and PARENT/CAREGIVER.

Please scan the adjacent QR code to access the online version of our Student BYOD Charter.

- I have read and understood the BYOD Charter and the school's Code of Conduct.
- I agree to abide by the guidelines outlined by both documents.
- I am aware that non-compliance or irresponsible behaviour, as per the intent of the BYOD Charter and the Code of Conduct, will result in consequences relative to the behaviour.



I / we, accept and agree to abide by the rules and regulations of Windaroo Valley State High School as stated in the school policies provided to me / us and that are located on the school website:

- ☐ BYOD Charter
- ☐ Code of Conduct, including the expected STAR behaviours
- ☐ Student Dress Code and consequences for breach of the code
- ☐ Homework Policy as per parent handbook
- ☐ Information Technology Acceptable Use Policy and consequences of rule violation
- ☐ Attendance requirements and absence procedures as per parent handbook
- ☐ State School Consent Form
- ☐ Ready to learn expectations
- ☐ Appropriate Use of Mobile Phone and Personal Devices Policy Summary
- ☐ Third Party Consent - Websites for educational purposes

|                        |                      |
|------------------------|----------------------|
| Student Name           | Parent Name          |
| <input type="text"/>   | <input type="text"/> |
| Student Signature      | Parent Signature     |
| <input type="text"/>   | <input type="text"/> |
| Date                   | Date                 |
| <input type="text"/>   | <input type="text"/> |
| School Staff Signature | Date                 |
| <input type="text"/>   | <input type="text"/> |

# School Resource Scheme Information

## School Resource Scheme Information Sheet 2026

Windaroo Valley State High School provides students with an outstanding education. Participating in the School Resource Scheme ensures your student has access to many extra books, software, resources and equipment that ultimately enhances your student's education, at a fraction of the cost if these resources were the responsibility of carers. A non-participants list of required resources for each year level is available upon request.

|                   |                            |
|-------------------|----------------------------|
| Years 7,8 & 9     | \$240.00 for the full year |
| Years 10, 11 & 12 | \$270.00 for the full year |

### Subject Levies

There are levies attached to some subjects and programs (mainly in the senior years); this information can be found in the Subject Selection Handbooks. These costs should be considered before selecting these courses. Subject levies must be paid to participate in these elective subjects. Subject levies must be paid in full by the end of Week 5, Term 1, each year. If you have not paid or made contact with the school to initiate a payment plan, your child will be unable to continue in the subject.

### Payment Methods

Windaroo Valley State High School offers flexibility to families through a range of payment methods for your convenience. Please contact the Finance team on 38042301 or 38042308 if you have any questions.

**Unfortunately, NO credit card payment can be taken over the phone.**

**QParent:** Pay a student's invoice securely through the QParent app using your debit/credit card.

Payment through QParent app can be made 24 hours a day, 7 days a week. Your student's enrolment must be ACTIVE at Windaroo Valley State High School to access QParent. Students with a status of FUTURE will be made ACTIVE on their first day attending Windaroo Valley State High School and an invite will be sent out to parents upon change of status.

**BPOINT:** Paying fees / excursions / activities directly to the school over the internet with your debit/credit card. This method is provided to you 24 hours a day, 7 days a week. When school invoices are emailed just click on the BPOINT link located at the bottom of the OneSchool finance invoice or via the website. This will open up the BPOINT web page and pre populate the CRN, invoice and student name details, part payments are also accepted.

**BPOINT IVR (Interactive Voice Response) telephone payments:** This number is included on all OneSchool invoices - Call 1300 631 073. Student CRN and invoice number are required.

**BPOINT eDDR (Electronic Direct Debit Registration) payment plan:** Parents/customers are provided a link to register their debit/credit card or bank account for direct debit regular payments. To setup, please contact the Finance team.

**INTERNET BANKING:** Direct Payment into School Bank Account

Bank Account Name: Windaroo Valley State High School General A/C

BSB Number: 064-401

Account Number: 10078860

Reference/Details: Please record both **"Student No (on Student's ID card) and Invoice Number"** in the reference/details section so that your payment can be recorded correctly.

**It is very important that you are accurate with your payment description. If we cannot identify your student or what you are paying for, we cannot allocate the payment correctly.**

**Please note – to ensure payment reaches the school's bank account prior to the payment cut-off date, all internet bank payments must be made no later than 48 hours prior to the cut-off date.**

*Windaroo Valley State High School **cannot** take any payments for Uniform or Canteen*

**CENTRELINK DEDUCTIONS:** These are available to families who wish to have a fixed amount deducted from their Pension / Newstart Allowance / Family Tax Benefit and applied to their child's account. Forms are available from the school, once completed please return the form to the Finance team for processing.

The minimum fortnightly deduction is \$10 and is automatically deducted from your Centrelink payments and paid directly to Windaroo Valley State High School. The amount of deduction should reflect the fees being finalized by the end of Term 3. Eg \$300 being paid over 15 fortnights = \$20 per fortnight.

**CASH / EFTPOS:** These methods are available from 8:00 am to 1.45pm on Tuesdays and Thursdays. The Finance window is closed Monday, Wednesday and Fridays.

# School Resource Scheme

## Student Resource Scheme - Participation Agreement Form

### The Student Resource Scheme

The Student Resource Scheme (SRS) is a user-charging scheme operated by schools to provide parents with a mechanism to access individual student resources that are not funded by the government.

Government funding for schools does not extend to individual student resources and equipment for their personal use or consumption. Supply of these items, such as textbooks and personal laptops/iPads, is the responsibility of the parent.

The objective of the scheme is to provide parents a convenient and cost-effective alternative to individual supply of resources for their students. Participation in the SRS is optional, and no obligation is placed on a parent to participate.

Terms and conditions for participating in the scheme are provided on the reverse side of the form. Information is also provided on the Textbook and Resource Allowance (TRA) where applicable.

This Participation Agreement Form applies for the duration of a student's enrolment at the school, however parents who are participating in the scheme can choose to opt out from the SRS in future years by completing a new Participation Agreement Form. Any new Participation Agreement Form submitted annually and received by the school will supersede the previous form lodged.

Parents pay the annual participation fee in accordance with the selected payment arrangement. If a student joins the school mid-year, a pro-rata participation fee may apply.

Parents not participating in the scheme must provide their student with all items that would otherwise be provided by the scheme as detailed in the information provided by the school. Parents can choose to join the SRS in future years by completing a new Participation Agreement Form.

To assist schools in managing and administering the scheme, parents are requested to complete the Participation section of this form and return it to the school.

If parents have not completed and returned the form before the due date indicated by the school in the SRS Annual Parent Information documents, the school will take the view that the parent does not wish to participate.

### Payment

On agreeing to participate in the SRS, a parent agrees to pay the participation fee as advised and invoiced by the school. For families experiencing financial hardship, please contact the school as soon as possible to discuss options available.

### Participation

- ☐ **YES** I wish to participate in the Student Resource Scheme. I have read and understand the Terms and Conditions of the scheme (see reverse) and agree to abide by them and to pay the annual participation fee in accordance with the selected payment arrangement. I understand that I can opt out of participation in the SRS in any year by completing a new Participation Agreement Form.
- ☐ **NO** I have read the terms and conditions and I do not wish to participate in the Student Resource Scheme. I understand I must provide my child with all items that would otherwise be provided by the SRS as detailed in the information provided by the school. I understand that I can choose to join the SRS in future years by completing a new Participation Agreement Form.

|                  |                                   |
|------------------|-----------------------------------|
| School Name      | WINDAROO VALLEY STATE HIGH SCHOOL |
| Form Return Date |                                   |
| Student Name     |                                   |
| Year Level       |                                   |
| Parent Name      |                                   |
| Parent Signature |                                   |
| Date             |                                   |

### Privacy Statement

The Department of Education collects the information you complete on the Participation Agreement Form in order to administer the Student Resource Scheme (SRS). The information will only be accessed by school employees administering the SRS. However, if required, some of this information may be shared with departmental employees for the purpose of debt recovery. Your information will not be given to any other person or agency unless you have given permission or the Department of Education is authorised or required by law to make the disclosure.

# SRS Payment Arrangement Plan

Dear Parents/Caregivers

## THE EASY WAY TO PAY SCHOOL FEES – SET UP A PAYMENT PLAN

To comply with Worldwide data security standards the Department of Education has implemented Payment Card Industry Security Standards, therefore Windaroo Valley State High School requires all payment plans to be registered through BPOINT (Commonwealth Bank of Australia), with payments being deducted from either MasterCard or VISA card, or by direct debit authority.

Please complete the details below, and return this form and the Resource Scheme Participation Agreement to the Finance Office or email to [accounts@windaroovalleyshs.eq.edu.au](mailto:accounts@windaroovalleyshs.eq.edu.au) as soon as possible to register your intention to participate in a Payment Plan. Payment Plans can be arranged for all outstanding invoices.

You will receive an email from Windaroo Valley SHS with a link to the BPOINT web page for your payment plan. You will be required to enter either your credit card or bank account details before submitting. You will then receive an email from BPOINT to verify your email address and complete the registration.

We also offer payment plans through Centrelink – please contact Finance team on 38042301/38042308 if interested.

Regards

Wendy Hawkins  
Business Manager  
Windaroo Valley State High School

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Student's Name: \_\_\_\_\_

I, \_\_\_\_\_ as Parent/caregiver, hereby agree to make payments by payment plan or by paying the full amount as part of my obligation under the conditions of agreement for schools fees.

Schedule Amount: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frequency: Weekly / Fortnightly / Monthly / Quarterly

Number of Payments: (Min 2 – Max 30): \_\_\_\_\_

Student resource scheme payments must be finalised by end of Term 3)

Signature: \_\_\_\_\_ (Parent/Caregiver) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|                  |                         |
|------------------|-------------------------|
| Office Use Only: | CRN:                    |
| INVOICE:         | EMAIL SENT: Yes / No    |
| END DATE:        | BPOINT SET UP: Yes / No |



# School Resource Scheme

## Terms and Conditions

### Definition

1. Reference to a “parent” is in accordance with the definition in the *Education (General Provisions) Act 2006* and refers equally to an independent student.

### Purpose of the SRS

2. In accordance with the *Act*, the cost of providing instruction, administration and facilities for the education of students enrolled at state schools who are Australian citizens or permanent residents, or children of Australian citizens or permanent residents, is met by the State.
3. Parents are directly responsible for providing textbooks and other personal resources for their children while attending school.
4. The SRS enables a parent to enter into an agreement with the school to provide the resources as advised by the school for a specified annual participation fee.

### Participation in the SRS

5. Participation in the SRS is optional and parents are under no obligation to participate.
6. The school will provide parents with a list of resources supplied by the SRS to enable parents to assess the cost effectiveness of participation.
7. Parents indicate whether or not they wish to participate in the SRS by completing this Participation Agreement Form.
8. Parents must complete and sign the Participation Agreement Form and return it to the school by the advertised date.
9. This agreement is for the duration of the student’s enrolment at the school, unless a new Participation Agreement Form is completed.
10. Parents are given the option annually to choose whether to participate in the SRS or not by completing this form.
11. Where a parent signs up to participate in the SRS they are agreeing to pay the annual participation fee for the items provided by the SRS.
12. Payment of the participation fee implies acceptance of the SRS including the Terms and Conditions irrespective of whether or not the signed form has been returned.
13. Where a student starts at the school during the school year, the parent may be entitled to pay a pro-rata participation fee to participate based on a 40-week school year.
14. Where a participation fee has been paid and a student leaves the school during the year, the school must determine if the parent is eligible for a pro-rata refund. This will also take into account any pro-rata of the Textbook and Resource Allowance (TRA) (see Additional Information regarding TRA eligibility) and any outstanding SRS debts (including any debts from damaged or non-returned items). Where the cost of outstanding debts is higher than the calculated refund, the parent is liable to pay this balance of funds.

### Non-Participation in the SRS

15. Parents who choose not to participate in the SRS are responsible for providing their student with all items that would otherwise be provided by the SRS to enable their student to engage with the curriculum.
16. The school will provide non-participating parents with a list of resources the parents are required to supply for their child.
17. All items included in the SRS must be able to be independently sourced, purchased and supplied by parents who choose not to participate in the SRS.
18. As the SRS operates for the benefit of participating parents and is funded from participation fees, SRS resources will not be issued to students whose parents choose not to participate in the SRS.

### The Resources

19. SRS funds received by the school will only be expended on student resources outlined in the school’s SRS and will not be expended on other items or used to raise funds for other purposes.
20. In return for payment of the participation fee, the SRS will provide the participating student with the entire package of resources for the specified participation fee. It is not available in parts unless specifically provided for by the school in the fee structure.
21. The resources, as determined and advised by the school may be:
  - retained by the student and used at their discretion; or
  - used/consumed by the student in the classroom; or

- hired to the student for their personal use for a specified period of time.

22. All SRS resources hired to a student for their temporary use remain the property of the school. The resources must be returned by the agreed date or if the student leaves the school.
23. Parents are responsible for ensuring that any hired SRS resources provided for their child’s temporary use are kept in good condition.
24. The school administration office must be notified immediately of the loss or damage to any hired item.
25. Where a hired item is lost, not returned, or damaged, parents will be responsible for payment to the school of the value of the item or its repair.
26. The replacement cost of any resource may be up to the maximum value (subject to depreciation where appropriate) of the acquisition cost to the school.
27. Parents may be responsible for supplying their child with other resources not specified in the SRS as advised by the school.

### Payment Arrangements

28. Payment of the participation fee may be made in whole, as per a nominated payment plan, or for another amount as approved by a Principal.
29. Payment of the participation fee must be made as per the payment methods nominated by the school.
30. Any concessions relating to the participation fee will be at the discretion of the Principal.

### Debt Management

31. Payment of the participation fee is a requirement for continued participation in the SRS.
32. Non-payment of the participation fee by designated payment date(s) may result in debt recovery action in accordance with the Department’s Debt Management Procedure <http://ppr.qed.qld.gov.au/corp/finance/accounts/Pages/Debt-Management.aspx>.

### Parents’ Experiencing Financial Hardship

33. Parents experiencing financial hardship who are currently participating in or wish to participate in the SRS should contact the school to discuss options.
34. Principals may vary payment options, negotiate alternative arrangements and/or waive all or part of the participation fee for parents experiencing financial hardship.
35. The onus of proof of financial hardship is on the parent.
36. The school may require annual proof of continuing financial hardship.
37. All discussions will be held in the strictest confidence.

## Additional Information

### Textbook and Resource Allowance (TRA)

- The Queensland Government provides financial assistance to parents of students in Years 7 to 12, to offset the costs of textbooks and other resources. Assistance is provided in the form of a TRA which is paid through the school. Refer to the department’s website for current TRA rates <https://education.qld.gov.au/about-us/budgets-funding-grants/grants/parents-and-students/textbook-resource-allowance>.
- The TRA is used to offset the fees associated with participation in the SRS.
- Parents not participating in the SRS will receive the TRA directly from the school.
- Parents not participating in the SRS should contact the school directly if they do not automatically receive the payment.



