Enrolment Application Form
Caloundra State High Schol

Legal Family Name:	
First Name(s):	
If student has attended a Queensland State School under a different name, please indicated under what name.	
USI Number (Years 10 to 12)	
Year Level Enrolling into: (Please circle)	☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
Proposed starting date:	

Requirements for Enrolment Interview
(✓ when completed)

- ☐ Student Birth Certificate and Medicare Card
- ☐ Photo ID for Parent / Guardian (E.g. Drivers Licence, 18+ Card, Passport)
- ☐ Current proof of residency (1 primary source: current lease or rates notice and 1 secondary source: utility bills)
  Please note: only original documents can be accepted. At the Principal's discretion, further documentation may be requested before an enrolment decision is made.
- ☐ Copy of latest School Report Card
- ☐ NAPLAN results for students enrolling into Years 8, 9 and 10
- ☐ Interview attended by Student and Parent/Guardian
- ☐ Additional information as required: Transfer notes, Exclusion letter, Custody documentation
- ☐ Identified NCCD documentation

OFFICE USE			
EQ ID:		D.O.B:	
Entered onto OneSchool by:		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:

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

This collection is authorised by ss. 155 and 428 of the EGPA 2006. DoE will disclose personal information from this form to the Queensland Curriculum and Assessment Authority when opening student accounts, in compliance with Part 3 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014 (Qld)*.

Personal Information from this form will also be supplied to Centrelink in compliance with ss.194 and 195 of the *Social Security (Administration) Act 1999 (Cth)*. De-identified information concerning parents' school and non-school education, occupation group and main language other than English and students' country of birth, main language other than English, gender and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government funding agreements.

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

PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS

Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name		**Preferred given names**	
Gender*	☐ **Male** ☐ **Female**	**Date of birth***	____/____/____
Copy of birth certificate available to show school staff*	☐ **Yes** ☐ **No**	Enrolment may not be approved without enrolling staff sighting the prospective student's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate. The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted. For international students approved for enrolment by EQI, a passport or visa will be acceptable.	
For prospective mature age students, proof of identity supplied and copied*	☐ **Yes** ☐ **No**	Prospective mature age students must provide photographic identification which proves their identity: • current driver's licence; or • adult proof of age card; or • current passport.	

APPLICATION DETAILS

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

INDIGENOUS STATUS

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

FAMILY DETAILS

Parents/carers	**Parent/carer 1**	**Parent/carer 2**
Family name*		
Given names*		
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?*	☐ Yes ☐ No	☐ Yes ☐ No
1st Phone contact number*	**Work/home/mobile**	**Work/home/mobile**
2nd Phone contact number*	**Work/home/mobile**	**Work/home/mobile**
3rd Phone contact number*	**Work/home/mobile**	**Work/home/mobile**
Email		
Occupation		
What is the occupation group of the parent/carer?	☐ **(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter '8')**	☐ **(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter '8')**
Employer name		
Country of birth		
Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	☐ **No, English only** ☐ **Yes, other – please specify** _____ **Needs interpreter?** ☐ **Yes** ☐ **No**	☐ **No, English only** ☐ **Yes, other – please specify** _____ **Needs interpreter?** ☐ **Yes** ☐ **No**
Is the parent/carer an Australian citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Is the parent/carer a permanent resident of Australia?	☐ Yes ☐ No	☐ Yes ☐ No

FAMILY DETAILS (continued)

Parents/carers	Parent/carer 1	Parent/carer 2
Address line 1		
Address line 2		
Suburb/town		
State	Postcode	Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')		
Address line 1		
Address line 2		
Suburb/town		
State	Postcode	Postcode
Parent/carer school education	**What is the *highest* year of schooling parent/carer 1 has completed?** (For people who have never attended school, mark 'Year 9 or equivalent or below')	**What is the *highest* year of schooling parent/carer 2 has completed?** (For people who have never attended school, mark 'Year 9 or equivalent or below')
Year 9 or equivalent or below	☐	☐
Year 10 or equivalent	☐	☐
Year 11 or equivalent	☐	☐
Year 12 or equivalent	☐	☐
Parent/carer non-school education	**What is the level of the *highest* qualification parent/carer 1 has completed?**	**What is the level of the *highest* qualification parent/carer 2 has completed?**
Certificate I to IV (including trade certificate)	☐	☐
Advanced Diploma/Diploma	☐	☐
Bachelor degree or above	☐	☐
No non-school qualification	☐	☐

COUNTRY OF BIRTH*

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

PROSPECTIVE STUDENT LANGUAGE DETAILS

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

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

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

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

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

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

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

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

PROSPECTIVE STUDENT'S PREVIOUS EDUCATION / ACTIVITY

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

RELIGIOUS INSTRUCTION*

From Year 1, the prospective student may participate in religious instruction if it is available. **If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.** **Parents/carers may change these arrangements at any time by notifying the principal in writing.**	**Do you want the prospective student to participate in religious instruction?** ☐ **Yes** ☐ **No** **If 'Yes', please nominate the religion:**

PROSPECTIVE STUDENT ADDRESS DETAILS*

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

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

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

PROSPECTIVE STUDENT MEDICAL INFORMATION (including allergies)*

Privacy Statement

The Department of Education (DoE) is collecting this medical information in order to address the medical needs of students during school hours as well as during school excursions, school camps, sports and other school activities. DoE will not use this information to make a decision about a prospective student's eligibility for enrolment. The information will only be used by authorised employees of the department and DoE will only record, use and disclose the medical information in accordance with the confidentiality provisions at Section 426 of the Education (General Provisions) Act 2006.

It is essential that the school is advised before the prospective student's first day of attendance if the prospective student has any medical conditions. The school administration staff must also be informed of any new medical conditions or a change to medical conditions as soon as they are known.

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

No known medical conditions	☐		
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)			
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Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)? This is for the purpose of informing planning for school activities such as sport and school excursions.	☐ **No** ☐ **Yes, please specify**		
Name of prospective student's medical practitioner (optional)		**Contact number of medical practitioner**	
Medicare card number (optional)		**Position Number**	
Cardholder name (if not in name of prospective student)			
Private health insurance company name (if covered) (optional)		**Private health insurance membership number** (leave blank if company name is not provided)	
I authorise school staff to contact the prospective student's medical practitioner for the purposes of seeking advice in cases where an immediate but non-life threatening response is required (for instance, when the prospective student may be on an excursion or sporting event), and to provide Medicare card details if required? (answer only if medical practitioner and Medicare card details have been provided above)			☐ **Yes** ☐ **No**

COURT ORDERS*

Out-of-Home Care Arrangements*

Under the *Child Protection Act 1999*, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.

Is the prospective student identified as residing in out-of-home care?	☐ **Yes** ☐ **No**	
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	**Commencement date**	___/___/_____
	End date	___/___/_____
Contact details of the Child Safety Officer (if known)	**Name**	
	Phone number	

COURT ORDERS* (continued)

Family Court Orders*

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

Other Court Orders*

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	☐ Yes ☐ No	
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	___/___/_____
	End date	___/___/_____

APPLICATION TO ENROL*

I hereby apply to enrol my child or myself at _____.

I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.

	Parent/carer 1	Parent/carer 2	Prospective student (if student is mature age or independent)
Signature			
Date	___/___/_____	___/___/_____	___/___/_____

Office use only

Enrolment decision

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

If no, indicate reason:

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

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

Parental occupation groups for use with parent/carer details

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

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

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

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

Defence Forces commissioned officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Defence Forces senior Non-Commissioned Officer.

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

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

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

Skilled office, sales and service staff:

- **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Service** [aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

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

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

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

Office assistants, sales assistants and other assistants:

- **Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- **Assistant/aide** [trades' assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

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

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

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

State schools standardised medical condition category list

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

Application to enrol in a Queensland state school

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

Entitlement to enrolment

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

Additional Information

Other Sibling(s) in family residing at the same address:

Given Names	Surname	Date of Birth

Parent not living with student who is to receive copies of reports and emailed versions of newsletters

Mailing Title: _____

Mailing Address: _____

Suburb/Town: _____ Post Code: _____

Email Address (Mandatory): _____

Additional Medical Information *(tick box)*

☐ Asthma ☐ Allergies ☐ Diabetes ☐ Travel Sickness

☐ Epilepsy ☐ Anaphylaxis ☐ Other ☐ Previous significant operations or injuries

☐ The student requires glasses ☐ The student requires a hearing aid

☐ **Medical Action Plan** provided to the school

☐ Mental health condition (anxiety, depression, etc) - Please complete the SSMH1 Form.

Verified Impediments to Learning: Please attach a copy of the **medical professional's diagnosis** and suggested strategies. *(tick box)*

☐ Auditory Processing Disorder ☐ Visual Processing Disorder eg. Dyslexia

☐ Attention Deficit Disorder ☐ Attention Deficit Hyperactivity Disorder

☐ Autism ☐ Asperger's ☐ Intellectual Impairment ☐ Physical Impairment

☐ Speech Language Impairment ☐ Hearing Impairment ☐ Vision Impairment

Details:

Special Needs: *(tick box)*

Details:

Psychosocial:

Please attach a copy of the **medical professional's diagnosis** and suggested strategies.

Are there any **diagnosed** psychosocial issues the school should be aware of? ☐ yes ☐ no

Is your child currently under the care of a medical professional for this issue? ☐ yes ☐ no

Please provide information here, or in the interview, that you wish the school to be aware of.

Office Use Only: (copy to)

STLaN	GO	DP - Special Education	Instrumental Music

SSMH1 – Consent form for student and/or parent/carer to allow sharing of student personal information

The Department of Education (DoE) is committed to creating an inclusive learning environment that supports the mental health and wellbeing of all students. In accordance with DoE's *Supporting students' mental health and wellbeing* procedure, this form records consent of a student and/or their parent or carer for DoE staff to share information about the student with clinical care providers and school staff.

This form, when signed, gives DoE staff permission to contact a clinical care provider/s to share and/or obtain information about the student. This information will be used by school staff to make appropriate educational adjustments to support the student's needs while at school. Please read each part of this form carefully. If you do not understand any part of this form, please speak with a staff member at your child's school.

Privacy notice: Personal information is being collected on this form to allow DoE staff to:

- determine the support options for the student's suspected or diagnosed mental health difficulty and prepare a referral to a clinical care provider or specialist mental health service (if required);
- deliver quality support to the student within the school context; and
- discuss the student's situation and information with clinical care providers and school staff.

Any personal information collected may be accessed by DoE employees and clinical care providers. The personal information collected will not be given to any other person or agency unless you have given permission or DoE staff are authorised or required by law to do so.

The information on this form will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how the information has been used, please contact the school in the first instance. If you have a concern or complaint about the way this personal information has been collected, used, stored or disclosed, please also contact the school in the first instance.

The consent provided in this form must be renewed at least once per year.

Student's last name:	**Date of birth:**
Student's first name:	**Age:**
EQ ID number:	**Gender:**
School:	**School year level:**
Parent/carer's name:	**Contact phone number:**

Do you require an interpreter?	Yes ☐ No ☐	Has an interpreter been used to explain this information?	Yes ☐ No ☐

In order to understand the educational impacts of the student's suspected or diagnosed mental health difficulty and how the school can make supportive adjustments to the student's *Student plan*, information and advice may need to be exchanged between certain DoE staff and clinical care providers. Please initial each 'Initial here' box if you consent to DoE staff taking the following actions for the purpose of determining the support options available for the student's suspected or diagnosed mental health difficulty.

Initial here:	**Action:** I consent to a case manager being allocated to coordinate school support for the student. School case manager: Name:_____ Role:_____
Initial here:	**Action:** I consent to a referral to the school guidance officer for the purpose of assisting the school to understand the student's mental health difficulties. Guidance officers can advise on adjustments to support the student's educational needs in the context of a mental health difficulty, and coordinate school support when necessary. To inform their assessment of the options available to support the student, guidance officers may: undertake class observations; have discussions with the student's teacher/s; conduct semi-structured interviews with the student; and undertake psychoeducational assessments. If additional formal assessment is required, the school will provide you with further information and your consent will be requested on a separate school-based form provided by the guidance officer.

Initial here:	**Action:** I consent to the student being referred to a clinical care provider if deemed necessary by the school guidance officer, e.g. psychologist via a referral from a general practitioner or a direct referral to the Child and Youth Mental Health Service. (Note: All referrals will be discussed with the student and/or their parent/carer prior to being made, and *Form SSMH3: Student referral to clinical care provider* must be completed.)
Initial here:	**Clinical care provider/s:** If you consent to the case manager contacting the student's existing clinical care provider/s to obtain more information about their condition in order to gather information to support school adjustments, please list their profession, name and contact details below.

Business name / Profession	***Name of practitioner***	***Contact details (phone/email)***
E.g. Maranoa medical centre / General practitioner	Dr Jane Smith	XXXX XXXX

Initial here:	**Action:** I consent to the student's information being exchanged between relevant school staff, such as the case manager, guidance officer, teacher(s), principal and other departmental staff nominated by the school or me, for the purpose of implementing supportive educational programs for the student. 'Information' could include diagnostic information provided by a clinical care provider/s.
Initial here:	**Action:** I consent to information relevant to the student's mental health difficulty being recorded on confidential guidance files. Guidance files are managed by the school's guidance officer and may include a record of psychoeducational assessments, actions, reports and other material relevant to the student's education. These files are kept confidential and secure as per DoE's Information privacy and right to information procedure. Any other confidential information pertaining to the student's mental health difficulty will also be stored in OneSchool. OneSchool is a comprehensive online system that assists Queensland state schools to manage key teaching and school administrative activities. OneSchool collects and stores information about students so school staff may plan and administer appropriate education and support services to school students. Information will be stored on OneSchool with an appropriate security level (only relevant school personnel, and in some cases, only the guidance officer can access this information) and an original signed hard copy (if available) will be held in a guidance file in a secured location.
Initial here:	**Action:** I consent to the development of a 'Student plan' in OneSchool for the student. (Note: A 'Student plan' is a collection of individual support plans, e.g. Personalised learning, Individual curriculum plan, Health management and/or Support provisions, which record information about a student to inform school staff about the ways a student is supported to achieve their best at school.)

For the student and/or parent/carer:	
I confirm the following: • I have received, read and understood this form. • I give consent for the recording, use and disclosure of the student's personal information as outlined above. • I understand that any information gathered from the clinical care providers in relation to the student's mental health difficulty will be used by the school exclusively for the purpose of understanding the educational impacts of the condition and how the school may provide a safe, inclusive and supportive education program. • I understand that consent can be withdrawn at any time by notifying the school principal in writing.	
Student's name: Signature:	Date:
Parent/carer's name: Signature:	Date:
For the case manager	
I have discussed with the student named in this form and/or their parent/carer DoE's Supporting students' mental health and wellbeing procedure. I have explained that a referral to and/or contact with a clinical care provider may be necessary for the purpose of understanding the educational impacts of the student's mental health difficulty and how the school may respond effectively to provide a safe, inclusive and supportive education program. I am satisfied that the student and/or parent/carer understands the purpose of the information exchange referred to in this form and the recording of the student's personal information. By signing this form I accept my responsibilities listed in DoE's Supporting students' mental health and wellbeing procedure.	
Case manager's name: Signature:	Date:

For the guidance officer (if not the case manager)	
I am satisfied that the student and/or parent/carer has given informed consent (see Fact sheet – Obtaining valid student or parent/carer consent) to the school recording, using and disclosing information about the student's mental health difficulty as described above. By signing this form I accept my responsibilities listed in DoE's Supporting students' mental health and wellbeing procedure.	
Guidance officer's name: Signature:	Date:
For the principal	
I have met/will meet with the student and/or student's parent/carer to discuss any concerns and negotiate reasonable educational adjustments. By signing this form I accept my responsibilities listed in DoE's Supporting students' mental health and wellbeing procedure.	
Principal's name: Signature:	Date:

The original signed version of this form is to remain in the student's registered guidance file. Copies of this form will be uploaded to OneSchool and provided to the student and/or their parent/carer.

Part D: Student Charter Agreement

The Student Caloundra SHS form must be signed and returned to the school before the device is connected to the school's network via a wireless connection.

The student and parent/caregiver must carefully read the BYO charter before signing this form. Any questions should be addressed to the school and clarification obtained before signing.

In signing below, I:

- accept all policies/guidelines as per the Student Code of Conduct.
- accept that technical support will not be provided by the school and that I am responsible for the security, integrity, insurance and maintenance of my BYO device.
- understand my responsibilities regarding the use of the device and the Internet.
- understand and agree with all of the conditions detailed in the Student BYOD Charter
- agree that I am responsible for meeting the minimum requirements listed below.

☐ Device meets minimum specifications as recommended for year level.

☐ Device has wireless capabilities enabled.

☐ Specified software has been provided and installed based on course of study.

- understand that failure to comply with the Student Charter could result in the device being removed from the school's wireless network.

Device Type: _____ Device OS: _____

Student's name	Signature of student	Date	Year Level

Parent / caregiver's name	Signature of parent / caregiver	Date

This agreement is subject to change and will be distributed to students and parents via the school's webpage. Please ensure that your details are current on the school system.

The school can request the BYO device be presented to show appropriate content.

Introduction to the State School Consent Form (attached) for Caloundra 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.caloundrashs.eq.edu.au
- Facebook: www.facebook.com/caloundrastatehighschool
- YouTube: https://www.youtube.com/@Caloundrashs
- Instagram: N/A
- Twitter: N/A
- LinkedIn: N/A
- Other: N/A
- 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 Principal, Caloundra State High School, 07-5436 8444 and principal@caloundrashs.eq.edu.au .

The Principal should be contacted if you have any questions regarding consent.

State School Consent Form

1 IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES

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

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

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

(c) Name of school: Caloundra State High School

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

☐ Full Name ☐ First Name ☐ No Name ☐ Other Name .....

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

2 PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

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

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

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

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

3 APPROVED PURPOSE

If consent is given in section 6 of the form:

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

5 LIMITATION OF CONSENT

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

6 *CONSENT AND AGREEMENT*

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

☐ parent/carer of the identified person in section 1

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

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

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

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

Print name of student .....

Print name of consenter.....

Signature or mark of consenter.....

Date .....

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

Date .....

SPECIAL CIRCUMSTANCES

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or

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

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

Print name of witness .....

Signature of witness .....

Date .....

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

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

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

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

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

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

Signature of person taking the consent .....

Date .....

Privacy Notice

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information. 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.

Appendix M – Bullying Compact

Caloundra State High School – Anti-Bullying Compact

The Anti-Bullying Compact provides a clear outline of the way our community at Caloundra State High School works together to establish a safe, supportive and disciplined school environment. This compact is provided to all students and their parents upon enrolment and may be revisited with individual students if particular problems around bullying arise.

We agree to work together to improve the quality of relationships in our community at Caloundra State High School. It is through intentional consideration of our behaviour and communication that we can reduce the occurrence of bullying and improve the quality of the schooling experience for everyone.

The agreed national definition for Australian schools describes bullying as:

- ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm;
- involving an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening;
- happening in person or online, via various digital platforms and devices and it can be obvious (overt) or hidden (covert). Bullying behaviour is repeated, or has the potential to be repeated, over time (for example, through sharing of digital records); and/or
- having immediate, medium and long-term effects on those involved, including bystanders. Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying.

We believe that no one deserves to be mistreated and that everyone regardless of race, colour, religion, immigration status, nationality, size, gender identity, sexual orientation, disability, popularity, athletic ability, academic outcomes, social ability, or intelligence has the right to feel safe, secure, and respected.

I agree to:

- treat everyone with kindness and respect;
- abide by the school's anti-bullying policies and procedures;
- support individuals who have been bullied;
- speak out against any form of bullying as listed above; and
- notify a parent, teacher, or school administrator when bullying does occur.

Student's signature: _____

Parent's signature: _____

School representative signature: _____

Date: _____

Queensland Government

Caloundra State High School

88 Queen Street Caloundra 4551
88 Queen Street Caloundra 4551
Phone: 07 5436 8444
caloundrashs.eq.edu.au

Student Resource Scheme Participation Agreement

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 below. 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

School name: Caloundra State High School

Form due date:

Please answer *

- ◯ **YES - I wish to participate in the Student Resource Scheme.** I have read and understand the Terms and Conditions of the scheme 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.

Student name

Parent name

Parent signature

Date

Privacy Notice

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.

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:
    1. retained by the student and used at their discretion; or
    2. used/consumed by the student in the classroom; or
    3. 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.

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 Caloundra State High School.

Principals (or delegates) must discuss and provide a copy of the Student Code of Conduct and Student Dress Code to the parent/carer.

Responsibility of student to:

- attend school on every school day for the educational program in which they are enrolled, on time, ready to learn and take part in school activities
- act at all times with respect and show tolerance towards other students and staff
- work hard and comply with requests or directions from the teacher and principal
- abide by school rules/expectations as outlined in the Student Code of Conduct, including not bringing items to school which could be considered as weapons (e.g. dangerous items such as knives)
- meet homework requirements and wear school's uniform
- respect the school property.

Responsibility of parents/carers to:

- ensure your child attends school on every school day for the educational program in which they are enrolled
- advise the school as soon as possible if your child is unable to attend school and reason/s why (e.g. child is sick)
- attend open meetings for parents/carers
- let the school know if there are any problems that may affect your child's ability to learn
- ensure your child completes homework regularly in keeping with the school's homework policy
- treat all school staff with respect
- support the authority of school staff thereby supporting their efforts to educate your child and assist your child to achieve maturity, self-discipline and self-control
- not allow your child to bring dangerous or inappropriate items to school
- abide by school's instructions regarding access to school grounds before, during and after school hours
- advise principal if your child is in out-of-home care
- keep school informed of any changes to your contact details or your child's details, such as home address, email address and phone number
- ensure the school is aware of any changes to your child's medical details
- adhere to the school's expectations of parent and carers as outlined in the Student Code of Conduct.

Responsibility of school staff to:

- design and implement engaging and flexible learning experiences for individuals and groups of students
- inform parents and carers regularly about how their children are progressing
- design and implement intellectually challenging learning experiences which develop language, literacy and numeracy
- create and maintain safe and supportive learning environments
- support personal development and participation in society for students
- foster positive and productive relationships with families and the community
- inform students, parents and carers about what the teachers aim to teach the students each term
- teach effectively and to set high standards in work and behaviour
- clearly articulate the school's expectations regarding the Student Code of Conduct and the Student Dress Code policy
- ensure that parents and carers are aware that the school does not have personal accident insurance cover for students
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved (for example Program of Chaplaincy Services, sports programs)
- set, mark and monitor homework regularly in keeping with the school's homework policy
- contact parents and carers as soon as possible if the school is concerned about the child's school work, behaviour, attendance or punctuality
- notify parents/carers of an unexplained absence of their child as soon as practicable on the day of the student's absence (allowing time for parents/carers to respond prior to the end of the school day)
- deal with complaints in an open, fair and transparent manner in accordance with departmental policy
- treat students and parents/carers with respect.

Checklist

- ☐ Student Code of Conduct {must be provided to parent/carer}
- ☐ Student Dress Code {must be provided to parent/carer}
- ☐ Parent and Community Code of Conduct
- ☐ Homework Policy
- ☐ Academic Integrity Policy (Assessment)
- ☐ School charges and voluntary contributions
- ☐ Advice for state schools on acceptable use of ICT facilities and devices
- ☐ Absences
- ☐ School excursions
- ☐ Complaints management
- ☐ Religious instruction policy statement
- ☐ Chaplaincy and student welfare worker services – policy statement
- ☐ Department insurance arrangements and accident cover for students
- ☐ Obtaining and managing student and individual consent (State School Consent)
- ☐ School instructions for school access

Acknowledgement

I acknowledge:

- That I have read and understood the responsibilities of the student, parents or carers and the school staff outlined above; and
- That information about the school's current rules, policies, programs and services, as outlined above has been provided and explained to me.

Student Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

On behalf of Caloundra SHS: _____ Date: _____

PERMISSIONS - for the duration of enrolment unless otherwise notified.

Information regarding permissions can be obtained through the Enrolment Information Booklet.

STUDENT TEXT NOTIFICATION

In some senior subjects held before or after school emergency contact direct to the student is necessary. I give permission for the school to use the text messaging system to send a message to my student as part of the cohort otherwise to contact me.	☐ Yes ☐ No

CHAPLAINCY PROGRAM - VOLUNTARY STUDENT PARTICIPATION

I give my consent for my student to participate in voluntary student activities **without** Religious, Spiritual and/or Ethical Content. Please refer to the Enrolment Information Booklet included in your pack. **CHAP 1**	☐ Yes ☐ No
I give my consent for my student to participate in voluntary student activities **with** Religious, Spiritual and/or Ethical Content. Please refer to the Enrolment Information Booklet included in your pack. **CHAP 2**	☐ Yes ☐ No

FINANCIAL RESPONSIBILITY

Please indicate the parent/caregiver responsible for payment of fees:

Residential Parent/Carer Name	Signature	% of fees	Date
Non-residential Parent/Carer Name	**Signature**	**% of fees**	**Date**

QParents (Secure online parent portal)

For further information about QParents visit: https://education.qld.gov.au/parents-and-carers/school-information/qparents

☐ I am already registered as a QPAO; or

☐ Please register the following person as the preferred **QP**arents **A**ccount **O**wner (QPAO):

Parent Name:	
Parent Mobile no:	
Parent Email Address:	

ONLINE SERVICES

Students will require access to a number of online websites, web/mobile applications as part of their schooling. An Online Services Consent is required prior to students accessing these platforms. Consent requests will be available via Qparents and can be viewed on the Caloundra SHS website. Any queries with regards to the programs outlined on the consent platform, please contact the Head of Department – Technology (technology@caloundrashs.eq.edu.au). I am aware that I am required to complete the relevant online services consent via QParents.	☐ Yes

STUDENT CODE OF CONDUCT

I have read the **Student Code of Conduct** and agree to abide by this policy. Please refer to www.caloundrashs.eq.edu.au	☐ Yes

STUDENT DRESS CODE

I have read the **Dress Code Policy** and agree to abide by this policy. Please refer to www.caloundrashs.eq.edu.au	☐ Yes

TRANSFER AND / OR DEPARTURE

I understand that upon transfer or departure of the student from the school, I will give a minimum of 2 days' notice to the school and complete a signed clearance form. I will return all school resources and finalise outstanding financial commitments to the school.	☐ Yes

STUDENT RESOURCE SCHEME

I wish to participate in the Student Resource Scheme. I have read and understand the Terms and Conditions of the scheme and agree to abide by them and to pay the User Pay Fee. Please complete and sign the SRS Participation Agreement Form.		☐ Yes ☐ No, I do not wish to participate in the Student Resource Scheme
Signature of Parent/Guardian:		

CALOUNDRA STATE HIGH SCHOOL
88 Queen Street
Caloundra Qld 4551

Phone: 07 5436 8444

Email: principal@caloundrashs.eq.edu.au

Web: www.caloundrashs.eq.edu.au

CRICOS Provider no: 00608A