



Application for Student Enrolment Form

PROSPECTIVE STUDENT'S NAME:		
Has the Student attended this School previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details of this enrolment (ie. dates/previous names etc):
Has the student ever attended a Queensland State School?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide name of school and approximate date of enrolment:
Does the Student have a sibling at this School?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide name and year level:

PRIVACY STATEMENT

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

- assessing whether your application for enrolment should be approved;
- administering and planning for providing appropriate education, training and support services to students;
- assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff; and
- communicating with student and parents.

This collection is authorised by ss 155, 428 and 433 of the EGPA 2006. DETA will disclose personal information from this form to the Queensland Studies Authority (QSA) when opening student accounts, in compliance with ss. 253 and 254 of the EGPA 2006. 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 from optional questions is supplied to the Commonwealth Department of Education, Science and Training in compliance with Commonwealth/State funding agreements.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law and otherwise in accordance with Information Standard 42 – Information Privacy (http://www.government.qld.gov.au/02_infostand/standards/is42.pdf). 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 enrolling school in the first instance.

FAMILY DETAILS		
Names of adults with whom this student lives	Parent/Caregiver 1	Parent/Caregiver 2
Family Name		
Given Names		
Title		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship To Student		
Occupation		
This question is optional What is the occupation group of the parent/caregiver?	<input type="checkbox"/> (refer to provided sheet for the list of Parental Occupation Groups)	<input type="checkbox"/> (refer to provided sheet for the list of Parental Occupation Groups)

Please select the appropriate Parental Occupation Group from the provided list. If the person is not currently in *paid* work but has held a job in the last 2 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in *paid* work in the last 12 months, enter '8' in the box above.

Office Use Only					
Date Enrolled		Year Level		Learning Difficulty/Special Ed. Support	
Student ID		Roll Class		Birth Certificate Sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>
EQ ID		House		Transfer Note Sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>
MIS ID		Semesters Completed		Is the student 18 years of age at time of enrolment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Learner Unique ID		Distance to School		If Yes, has Mature Age Check been completed?	Positive Notice Exempt
FTE		Associated Unit		Visa and Associated Documents sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Campus		ESL	Yes <input type="checkbox"/> No <input type="checkbox"/>	EQI Category	
STUDENT DESTINATION DETAILS FROM EXIT INTERVIEW					
Destination	Queensland / Interstate / Overseas			Date Left	
Destination School / Other Location					
Sector	Prep / Primary / Secondary / VET / University / Other			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Reason for leaving					

FAMILY DETAILS (cont'd)		
	Parent/Caregiver 1	Parent/Caregiver 2
Work Location		
Work Phone		
Work Mobile		
Home Phone		
Home Mobile		
E-Mail		
Cultural Background		
Country Of Birth		
Needs Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

This question is optional What is the highest year of primary or secondary school the parents/caregivers have completed? (for persons who have never attended school, mark 'Year 9 or equivalent or below')		
Parent/Caregiver 1	Parent/Caregiver 2	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	

This question is optional What is the highest qualification the parents/caregivers have completed?		
Parent/Caregiver 1	Parent/Caregiver 2	
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	

OTHER FAMILY INFORMATION (not including Access – complete the Student Access section if applicable)

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STUDENT & PARENT/CAREGIVER LANGUAGE DETAILS			
This question is optional Does the student or their parent/caregiver 1 or their parent/caregiver 2 speak a language other than English at home?			
Student	Parent/Caregiver 1	Parent/Caregiver 2	
<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	
If the student speaks more than one language other than English at home, indicate the additional languages that are spoken and the percentage spoken in this section only			%
			%

STUDENT DEMOGRAPHIC DETAILS			
Family Name			
Given Names			
Preferred Name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	

Is the student of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander

In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)
Cultural Background	
Religion (Response optional)	

Is the student an Australian Citizen, Permanent Resident or holding an International Visa?	
<input type="checkbox"/> Australian Citizen/Permanent Resident	<input type="checkbox"/> International Student – Date Of Arrival / /

STUDENT ORIGIN DETAILS	
Origin	Queensland / Interstate / Overseas
Sector	Prep / Primary / Secondary / VET / University / Other
Previous School/ Other Location	
Previously Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

ADDRESS DETAILS			
Home Address			
Mailing Title			
Address Line 1			
Address Line 2			
Suburb/Town	State	Postcode	
Mailing address (if it is the same as home address, write 'AS ABOVE')			
Mailing Title			
Address Line 1			
Address Line 2			
Suburb/Town	State	Postcode	

EMERGENCY CONTACT DETAILS (Parent/Caregivers are automatically the 1 st and 2 nd emergency contact unless otherwise stated)		
	Emergency Contact 3	Emergency Contact 4
Name		
Relationship (eg Aunt)		
Home Phone		
Work Phone		
Home Mobile		
Work Mobile		

MEDICAL INFORMATION (including allergies)		
Medicare Number		
Doctor's Name		
Doctor's Address		
Doctor's Phone Number		
Medical Condition Symptoms/Treatment		
Medical Condition Symptoms/Treatment		
Medical Condition Symptoms/Treatment		
Should your child need to take medication during school hours an Authority to Administer Medication to Students Form will need to be completed each year and retained at the office.		

TRAVEL DETAILS	
Mode of Transport to School	<input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Other

VISA DETAILS (if applicable) Receipt of Payment or Exemption Letter is required to be provided for enrolment to proceed			
Passport Number		Passport Expiry Date	
Visa Number		Visa Expiry Date	
Visa Sub Class		Visa Fees Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt

STUDENT ACCESS	
Is there any limitation(s) on contact between the student and a parent or another person? If yes, attach a copy of current Court Order or registered parenting plan that contains the limitation(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION
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SIGNATURES		
	Parent/Caregiver 1/Independent Student	Parent/Caregiver 2
Signature		
Date		