## School of distance education – Application for student enrolment form (non-state school-based students)



## **INSTRUCTIONS**

This form is to be completed by the student's base school (non-state school).

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

Please ensure **all** sections of the form are fully completed to avoid enrolment delays. Sections of the form not marked (\*) are optional. Incomplete forms will be returned to the base school for completion.

## **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 the application for enrolment should be approved
- ii. administering and planning for providing appropriate education, training and support services to students
- iii. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
- iv. communicating with students and parents.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. The 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 of distance education in the first instance. If you have a concern or complaint about the way personal information has been collected, used, stored or disclosed, please also contact the school of distance education in the first instance.

SECTION 1: BASE SCHOOL DETAILS							
School name*							
School postal address	Street number & Street nar	ne or Post Office Box					
	City/Town						
	Postcode						
School phone number		School email address  NOTE: SDE may require base school to provide a Distanceed@ email address					
SECTION 2: SCHOOL-BASED SUPERVISOR CONTACT/S							
Title		Position*					
Family name*		Given names*					
Phone*		Email*					
QCAA Student Management delegate's name and email (if applicable)							
SECTION 3: STUDENT IN	NFORMATION						
Legal family name* (as per birth certificate)							
Legal given names* (as per birth certificate)							
Preferred family name*		Preferred given names					
Residential address*							
Gender*	Male Female	Date of birth*	_	<u> </u>			
EQ ID Number (if available)		Student's school email address					
What is the student's intended start date?*		Current year level at base school					
Does the student have any known medical conditions which would impact on their study	☐ Yes, provide details ☐ No	Brief details of medical condition					



Is the student enrolled at your school as a study abroad student?		as the student studying the	☐ Yes ☐ No					
SECTION 4: ADDITIONAL STUDENT INFORMATION								
Is the student of Aboriginal or Torres Strait Islander origin? (if known)	□ No □ Aboriginal □ Torres Strait Islander □ Both Aboriginal and Torres Strait Islander							
Does the student speak a language other than English at home?	No, English only Other (please specify)							
In which country was the student born?	Australia  Other (please specify country)  Date of arrival in Australia//							
Is the student an Australian citizen?	Yes No (if No, evidence of student's immigration status to be completed below)							
Evidence of student's immigration status (to be completed for students who are not Australian citizens)	Permanent resident  Student visa holder - Date of arrival/  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							
Passport and visa information	Passport number		Passport expiry date					
Passport and visa details (to be completed for a student who is	Visa number		Visa expiry date (if applic	able)				
NOT an Australian citizen).	Visa sub class							
	Learner Unique Identification (LUI) number							
		Given name						
QCAA Student Management information	Student details  Please ensure student information is EXACTLY the same as recorded in the QCAA Student Management application to ensure results are banked correctly	Middle name						
NOTE: only applicable to students in years 11 and 12		Surname						
		Date of birth						
		Gender	Male Female	Male Female				
SECTION 5: FAMILY DETA	SECTION 5: 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 er contact?*	nergency	Yes No				Yes No					
1st Phone contact numb	er*	Work/home	Work/home/mobile			Wo	ork/home/mobi	le			
2 <sup>nd</sup> Phone contact numb	er*	Work/home	/mobile			Wo	Work/home/mobile				
3 <sup>rd</sup> Phone contact numb	er	Work/home	/mobile			Wo	ork/home/mobil	le			
Email											
Country of birth											
Main language spoken a	nt home										
SECTION 6: COL	IRSE/SUI	BJECT SE	LECTI	ON*							
Course/Subject Name		r level	Class preference 1 (if applicable)			Class preference 2 (if applicable		Prerequisite per handbook/subject guide and year completed (if applicable)			guide
Evidence of pre-requisit	e completion	n attached to a	applicatio	on ☐ School report	 : □ Foreign I	Langu	age diagnostic	task 🗌 Othe	r, Please s	pecify	
	·					J		_	•		
SECTION 7: COP	ORT INF	ORMATIC	ON								
Why is the student enrolling at SDE?*  Course/Subject not offered by base school but student unable to according at SDE?*					ess						
SECTION 8: PRINCIPAL'S DECLARATION* (to be completed by the principal of the base school)											
The details in this form are correct.  All supporting documentation (i.e. evidence of completion of prerequisite courses/subjects and school reports) is included in this application.  My school:											
_				essons may be manding to the assessmen	-			o meet this requ	irement		
will provide a	suitable learni	ng environmer	nt, includir	ng appropriate techn	ology						
•		in matters reg port and super		e student's educatio	nal program						
				or unreturned learnin	ng materials						
<ul> <li>is responsible for forwarding applicable fees to the SDE</li> <li>agrees to participate in the flexible arrangement for the agreed period of the current school year</li> </ul>											
will communic  Principal's name	ate with pare	nts/carers of st	udents, in	cluding informing the	em about this a	arrang	ement for their o	child's learning.			
Principal's signature					Date				1	1	
i illicipai s signature					Date						
SECTION 9: SDE	OFFICE	USE ONL	Y.								
Enrolment decision Has the prospective student been accepted for enrolment? 🗆 Yes 🗀 No (applicant advised in writing)					)						
If no, indicate reason:  ☐ School does not offer year level the prospective student is seeking to be enrolled in											
			e course	(s)/subject(s) are no	ot offered by	the SE					
Date enrolment processed	1 1	Year level			Roll Class		Course/ Subject				
Invoice date	1 1						Class(es)				
FTE allocation for SDE (0.2 per subject)		Pick-I	list		Timetable						

