

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

## INSTRUCTIONS

This form is to be completed by the student's base school (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 name 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 INFORMATION (refer to OneSchool information)

Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name*		Preferred given names	
Residential address*			
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	____ / ____ / ____
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	<input type="checkbox"/> Yes, provide details <input type="checkbox"/> No	Brief details of medical condition	

Is the student enrolled at your school as a study abroad student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide arrival and departure dates / / (arrival) / / (departure)	If yes, was the student studying the requested subject in their home country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### SECTION 4: FAMILY DETAILS (refer to OneSchool information)

Parents/carers	Parent/carer 1*	Parent/carer 2
Family name*		
Given names*		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 <sup>st</sup> Phone contact number*	Work/home/mobile	Work/home/mobile
2 <sup>nd</sup> Phone contact number*	Work/home/mobile	Work/home/mobile
3 <sup>rd</sup> Phone contact number	Work/home/mobile	Work/home/mobile
Email		
Country of birth		
Main language spoken at home		

### SECTION 5: COURSE/SUBJECT SELECTION\*

Course/Subject Name	Year level	Class preference 1 (if applicable)	Class preference 2 (if applicable)	Prerequisite per handbook/subject guide and year completed (if applicable)

Evidence of pre-requisite completion attached to application  School report  Foreign Language diagnostic task  Other, Please specify \_\_\_\_\_

### SECTION 6: COHORT INFORMATION

Why is the student enrolling at SDE?*	<input type="checkbox"/> Course/Subject not offered by base school	<input type="checkbox"/> Course/Subject offered by base school but student unable to access due to timetable clash or other special circumstances
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**SECTION 7: PRINCIPAL'S DECLARATION\*** (to be completed by the principal of the base school)**NOTE: For state schools this is also the flexible arrangement agreement.**

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:

- acknowledges that participation in scheduled SDE lessons may be mandatory and will support the student to meet this requirement
- will co-operate fully with the SDE in all matters relating to the assessment/progress of enrolled students
- will provide a suitable learning environment, including appropriate technology
- will co-operate with the SDE in matters regarding the student's educational program
- will provide appropriate support and supervision
- will be liable for any replacement cost for damaged or unreturned learning materials
- is responsible for forwarding applicable fees to the SDE
- agrees to participate in the flexible arrangement for the agreed period of the current school year
- will communicate with parents/carers of students, including informing them about this arrangement for their child's learning.

Principal's name			
Principal's signature		Date	/ /

**SECTION 8: SDE OFFICE USE ONLY**

Enrolment decision		Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing) If no, indicate reason: <input type="checkbox"/> School does not offer year level the prospective student is seeking to be enrolled in <input type="checkbox"/> The course(s)/subject(s) are not offered by the SDE					
Date enrolment processed	/ /	Year level		Roll Class		Course/Subject Class(es)	
Invoice date	/ /						
FTE allocation for SDE (0.2 per subject)		Pick-list		Timetable			