



CENTENARY STATE HIGH SCHOOL

Brisbane, Australia

*Quality Learning, Quality Futures*

CRICOS Provider 00608A DETE

[www.centenaryshs.eq.edu.au](http://www.centenaryshs.eq.edu.au)

Aspiration | Commitment | Community

# 2025 ENROLMENT APPLICATION

## STUDENT DETAILS

|  |  |
|--|--|
| Student Family Name:                   |  |
| Student Given Name/s:                  |  |
| Entry Year Level:                      |  |
| Student's Primary Residential Address: |  |

## PARENT/CARER DETAILS

|                            |  |
|----------------------------|--|
| Parent/Carer Name:         |  |
| Contact Number:            |  |
| Email Address:             |  |
| I have a QParents account: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Do you reside in-catchment?  YES  NO

(<https://www.qgso.qld.gov.au/maps/edmap/>)

Does your student have a sibling currently attending Centenary State High School?  YES  NO

Your application must include **photocopies** of (we require **ALL** the below documentation before we process your application; incomplete applications will not be accepted):

- Your student's birth certificate or passport
- Two **most recent** school reports
- Most recent NAPLAN results
- Proof of residential address within our catchment area (please provide **one primary** and **one secondary** source):
  - One primary source** – current lease agreement, rates notice or unconditional sale agreement **and**
  - One secondary source** – a utility bill (e.g. electricity, gas) showing the same address and parent/carer name

Where relevant (please provide photocopies of documentation):

- Family court order/s or care arrangements
- Details of medical conditions, including mental health conditions
- Details of disability or learning difficulty
- Transfer note from previous state high school
- Excellence Program application/s (e.g. Music Plus, Performance Plus, eXcel)
- Scholarship application/s (these are due at a later date)

Please note:

- **subject availability will depend on available spaces in classes**
- **parent/carer 1 listed on this enrolment application will be issued all financial invoices and statements**

## 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.

## 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

### PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS

|  |   |  |                    |
|--|---|--|--------------------|
| <b>Legal family name*</b><br>(as per birth certificate)                            |   |  |                    |
| <b>Legal given names*</b><br>(as per birth certificate)                            |   |  |                    |
| <b>Preferred family name</b>   |   | <b>Preferred given names</b>   |                    |
| <b>Gender*</b>   | <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Date of birth*</b>  | ____ / ____ / ____ |
| <b>Copy of birth certificate available to show school staff*</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No      | Enrolment may not be approved without enrolling staff sighting the prospective student's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate.<br>The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted.<br>For international students approved for enrolment by EQI, a passport or visa will be acceptable. |                    |
| <b>For prospective mature age students, proof of identity supplied and copied*</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No      | Prospective mature age students must provide photographic identification which proves their identity: <ul style="list-style-type: none"> <li>• current driver's licence; or</li> <li>• adult proof of age card; or</li> <li>• current passport.</li> </ul>   |                    |

| APPLICATION DETAILS   |  |   |               |                    |
|---|--|---|---------------|--------------------|
| Has the prospective student ever attended a Queensland state school?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide name of school and approximate date of enrolment.                     |               |                    |
| What year level is the prospective student seeking to enrol in?   |  | Please provide the appropriate year level.  |               |                    |
| Proposed start date   | ____ / ____ / ____                                       | Please provide the proposed starting date for the prospective student at this school. |               |                    |
| Does the prospective student have a sibling attending this school or any other Queensland state school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide name of sibling, year level, date of birth, and school                | Name:         |                    |
|   |  |   | Year Level    |                    |
|   |  |   | Date of birth | ____ / ____ / ____ |
|   |  |   | School        |                    |

| INDIGENOUS STATUS  |   |
|--|---|
| Is the prospective student of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander |

| FAMILY DETAILS   |  |  |
|--|--|--|
| Parents/carers   | Parent/carer 1   | Parent/carer 2   |
| Family name*   |  |  |
| Given names*   |  |  |
| Title  | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr   | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr   |
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Relationship to prospective student*   |  |  |
| Is the parent/carer an emergency contact?*   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 1 <sup>st</sup> Phone contact number*  | Work/home/mobile   | Work/home/mobile   |
| 2 <sup>nd</sup> Phone contact number*  | Work/home/mobile   | Work/home/mobile   |
| 3 <sup>rd</sup> Phone contact number*  | Work/home/mobile   | Work/home/mobile   |
| Email  |  |  |
| Occupation   |  |  |
| What is the occupation group of the parent/carer?  | (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) | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify<br>Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify<br>Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

|  |  |  |
|--|--|--|
| Is the parent/carer an Australian citizen?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the parent/carer a permanent resident of Australia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### FAMILY DETAILS (continued)

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

### COUNTRY OF BIRTH\*

|  |  |
|--|--|
| In which country was the prospective student born? | <input type="checkbox"/> Australia   |
|  | <input type="checkbox"/> Other (please specify country) _____  |
|  | Date of arrival in Australia _____ / _____ / _____   |
| Is the prospective student an Australian citizen?  | <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, evidence of the prospective student's immigration status to be completed) |

### PROSPECTIVE STUDENT LANGUAGE DETAILS

|   |   |
|---|---|
| Does the prospective student speak a language other than English at home? | No, English only<br>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  |
|                    | Date of arrival in Australia _____ / _____ / _____      Date enrolment approved to: _____ / _____ / _____ |

|                       |  |
|-----------------------|--|
| Student visa holder   | 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?                                    | <input type="checkbox"/> Queensland <input type="checkbox"/> Interstate <input type="checkbox"/> Overseas  |
| Previous education/activity  | <input type="checkbox"/> Kindergarten <input type="checkbox"/> School <input type="checkbox"/> Part-time employment <input type="checkbox"/> Full-time employment<br><input type="checkbox"/> VET <input type="checkbox"/> Home education <input type="checkbox"/> 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.<br>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.<br>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?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|--|-------------------|-------------------|

|   |                  |                  |
|---|------------------|------------------|
| <b>Name</b>                                 |                  |                  |
| <b>Relationship</b> (e.g. aunt)             |                  |                  |
| <b>1<sup>st</sup> phone contact number*</b> | Work/home/mobile | Work/home/mobile |
| <b>2<sup>nd</sup> phone contact number*</b> | Work/home/mobile | Work/home/mobile |
| <b>3<sup>rd</sup> phone contact number*</b> | 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.

|   |  |
|---|--|
| <b>No known medical conditions</b>  | <input type="checkbox"/>   |
| <b>Medical condition (including allergies/sensitivities), symptoms and management</b> (please refer to the list of medical condition categories provided)   |  |
| <b>Medical condition (including allergies/sensitivities), symptoms and management</b> (please refer to the list of medical condition categories provided)   |  |
| <b>Medical condition (including allergies/sensitivities), symptoms and management</b> (please refer to the list of medical condition categories provided)   |  |
| <b>Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)?</b> This is for the purpose of informing planning for school activities such as sport and school excursions. | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify |

|  |  |   |  |
|--|--|---|--|
| <b>Name of prospective student's medical practitioner</b> (optional) |  | <b>Contact number of medical practitioner</b>   |  |
| <b>Medicare card number</b> (optional)                               |  | <b>Position Number</b>  |  |
| <b>Cardholder name</b> (if not in name of prospective student)       |  |   |  |
| <b>Private health insurance company name</b> (if covered) (optional) |  | <b>Private health insurance membership number</b> (leave blank if company name is not provided) |  |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>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?</b> (answer only if medical practitioner and Medicare card details have been provided above) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| COURT ORDERS*   |  |
|---|--|
| Out-of-Home Care Arrangements*  |  |
| Under the <i>Child Protection Act 1999</i> , when a Child Protection Order is approved by the Children’s Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care. |  |
| Is the prospective student identified as residing in out-of-home care?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.   | Commencement date <u>   /   /   </u>                     |
|   | End date <u>   /   /   </u>                              |
| 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 <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what are the dates of the court order? Please provide a copy of the court order.  | Commencement date <u>   /   /   </u>                     |
|   | End date <u>   /   /   </u>                              |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what are the dates of the court order? Please provide a copy of the court order.  | Commencement date <u>   /   /   </u>                     |
|   | End date <u>   /   /   </u>                              |

| 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   | <u>   /   /   </u> | <u>   /   /   </u> | <u>   /   /   </u>  |

| Office use only          |  |            |  |   |  |   |  |
|--------------------------|--|------------|--|---|--|---|--|
| Enrolment decision       | Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing)   |            |  |   |  |   |  |
|                          | If no, indicate reason:<br>Does not meet School EMP or Enrolment Eligibility Plan requirements<br>Prospective student is mature age and school is not a mature age state school<br>Does not meet Prep age eligibility requirement<br>Prospective student is subject to suspension from a state school at the time of enrolment application<br>Does not meet requirements for enrolment in a state special school<br>Does not have an approved flexible arrangement with the school<br>School does not offer year level prospective student is seeking to be enrolled in<br>Prospective student has no remaining semester allocation of state education |            |  |   |  |   |  |
| Date enrolment processed | <u>   /   /   </u>   | Year level |  | Roll Class  |  | EQ ID   |  |
| Independent student      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |  | Birth certificate/passport sighted, number recorded and DOB confirmed |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number: |  |



|  |  |                 |   |   |
|--|--|-----------------|---|---|
| Is the prospective student over 18 years of age at the time of enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is the prospective student exempt from the mature age student process? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, has the prospective mature age student consented to a criminal history check? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                 |   |   |
| School house/ team   |  |                 | EAL/D support   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> To be determined |
| FTE  |  | Associated unit |   | Visa and associated documents sighted <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| EQI category   |  |                 | SV – student visa<br>TV – temporary visa<br>DS – dependent – parent on student visa | EX – exchange student<br>DE – distance education  |

## MEDICAL ACTION PLAN

*(Please refer to State Schools Standardised Medical Condition Category List)*

| Medical Condition 1:  |   |
|---|---|
| <b>Medical Condition Category:</b><br><i>(Please use list of Medical Condition Categories provided over page)</i>   |   |
| <b>Symptoms:</b><br><i>(Include specific medical condition name if known and any symptoms the school should look for)</i>   |   |
| <b>Management:</b><br><i>(Include any special instructions the school should follow with regard to this condition e.g. EpiPen kept where – schoolbag/office?)</i> |   |
| <b>Action Plan:</b>   | <input type="checkbox"/> Attached   |
| <b>IHP and/or EHP Required:</b>   | <input type="checkbox"/> Required (Process actioned by school through EQRN) |
| Medical Condition 2:  |   |
| <b>Medical Condition Category:</b><br><i>(Please use list of Medical Condition Categories provided over page)</i>   |   |
| <b>Symptoms:</b><br><i>(Include specific medical condition name if known and any symptoms the school should look for)</i>   |   |
| <b>Management:</b><br><i>(Include any special instructions the school should follow with regard to this condition e.g. EpiPen kept where – schoolbag/office?)</i> |   |
| <b>Action Plan:</b>   | <input type="checkbox"/> Attached   |
| <b>IHP and/or EHP Required:</b>   | <input type="checkbox"/> Required (Process actioned by school through EQRN) |
| Medical Condition 3:  |   |
| <b>Medical Condition Category:</b><br><i>(Please use list of Medical Condition Categories provided over page)</i>   |   |
| <b>Symptoms:</b><br><i>(Include specific medical condition name if known and any symptoms the school should look for)</i>   |   |
| <b>Management:</b><br><i>(Include any special instructions the school should follow with regard to this condition e.g. EpiPen kept where – schoolbag/office?)</i> |   |
| <b>Action Plan:</b>   | <input type="checkbox"/> Attached   |
| <b>IHP and/or EHP Required:</b>   | <input type="checkbox"/> Required (Process actioned by school through EQRN) |

**If your student has additional medical conditions, please attach details of all medical conditions.**

## ADDITIONAL LEARNING INFORMATION

The information provided below assists the school to support your student. All information is considered when planning class placements and supports for each student.

**Please provide supporting documentation.**

|  |  |
|--|--|
| <b>1. Does your student have a personalised learning record?</b>   |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please provide details   |  |
|  |  |
|  |  |
| <b>2. Does your student have a diagnosed disability? If yes, please tick the category below and include any further information required to make reasonable adjustments to their learning.</b> |  |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD)  | <input type="checkbox"/> Physical Impairment (PI)                            |
| <input type="checkbox"/> Hearing Impairment (HI)   | <input type="checkbox"/> Vision Impairment (VI)                              |
| <input type="checkbox"/> Intellectual Disability (ID)  | <input type="checkbox"/> Specific Learning Disorder                          |
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder (ADHD)   | <input type="checkbox"/> Dyslexia  |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> N/A   |
|  |  |
|  |  |
| <b>3. Does your student have other specific learning needs? Please provide further information.</b>  |  |
| <input type="checkbox"/> Social/emotional difficulties   | <input type="checkbox"/> Attention and concentration difficulties            |
| <input type="checkbox"/> General learning difficulties   | <input type="checkbox"/> Behavioral difficulties                             |
| <input type="checkbox"/> N/A   |  |
|  |  |
|  |  |
| <b>4. Does your student receive additional assistance at primary school to support their learning needs?</b>   |  |
| <input type="checkbox"/> Teacher aide support  | <input type="checkbox"/> Reading support or intervention                     |
| <input type="checkbox"/> Numeracy support or intervention  | <input type="checkbox"/> Guidance or Chaplain support                        |
| <input type="checkbox"/> Literacy support or intervention  | <input type="checkbox"/> Social assistance or social skill building programs |
| <input type="checkbox"/> EAL/D   |  |
| <input type="checkbox"/> N/A   |  |
|  |  |
|  |  |
| <b>5. Is your student on an ICP? (working towards learning goals at another year level)</b>  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO    ICP level: _____ Specific subject/s: _____   |  |
|  |  |
|  |  |

**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  |

## 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/refugee/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 month

## ENROLMENT AGREEMENTS

### PLEASE COMPLETE THE ENCLOSED AGREEMENTS:

- Student Enrolment Agreement** - *The enrolment agreement sets out the responsibilities of the student, parents/carers and the school staff in regard to the education of students enrolled at Centenary State High School. Further information is available in the 'Student Code of Conduct' which is located on our school website.*
- Centenary State High School IT Infrastructure and BYOD: Responsible Use Agreement**— *All students are provided access to the school's network in accordance with the Computer Access Agreement. This agreement outlines the responsibilities of all stakeholders in accessing digital resources connected to the school.*
- Voluntary Participation in Chaplaincy Program** — *The school community provides a chaplaincy program endorsed by the school's Parents and Citizens' Association and available on a voluntary basis to all students. The chaplain is involved in a range of activities at this school which are free of religious or spiritual content. Information about the school's chaplaincy program can be located on the school's website.*
- Student Resource Scheme** — *The scheme is designed to offset the cost to you of the provision of educational resources associated with your student's education. These resources enhance your student's educational experience and assist them to fully engage with the curriculum. For more information refer to the 'Information for Parent/Carers' in this enrolment package.*
- State School Consent Form (Media Permission)** — *This consent form authorises the Department and the State to use the individual's personal information and copyright material. This may include school newsletters, magazines, websites (including Social Media Websites) and other School, Departmental or State publications. This can include television advertising, videos, brochures, forms, public relations displays, annual reports, press advertising, internal document such as manuals, websites, certificates and strategic plans, and posters and other promotional material. If you do not want your student to participate please leave the form blank.*

*(For more information on each agreement, please refer to the Information for Parents/Carers booklet)*

| OFFICE USE ONLY       |                |
|-----------------------|----------------|
| Date Received:        | Date Enrolled: |
| Application Complete: |                |

# STUDENT ENROLMENT AGREEMENTS

*This enrolment agreement sets out the responsibilities of the student, parents/carers and the school staff in regard to the education of students enrolled at Centenary State High School. Further information is available in our full "Student Code of Conduct" on our school website.*

Centenary State High School is committed to providing a safe, respectful and disciplined learning environment for students and staff, where students have opportunities to engage in quality learning experiences and acquire values supportive of their lifelong wellbeing. Students' performance is greatly influenced by the standards they set for themselves. When these standards are supported, reinforced and modelled by staff, parents/carers and the community at large, it follows that students' learning will be greatly enhanced.

## **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 school's 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 the school's uniform
- respect the school property

## **Responsibility of parents/carers to:**

- ensure your student attends school on every school day for the educational program in which they are enrolled
- advise the school as soon as possible if your student is unable to attend school and reason/s why (e.g. student is sick)
- attend open meetings for parents/carers
- let the school know if there are any problems that may affect your student's ability to learn
- ensure your student 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 student and assist your student to achieve maturity, self-discipline and self-control
- not allow your student 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 student is in out-of-home care
- keep school informed of any changes to your contact details or your student's details, such as home address, email address and phone number
- ensure the school is aware of any changes to your student's medical details

## **Responsibility of school staff to:**

- design and implement engaging and flexible learning experiences for individuals and groups of students
- inform parents/carers regularly about how their student is 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 and parents/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 Uniform Policy
- ensure that parents/carers are aware that the school does not have personal accident insurance cover for students

- advise parents/carers of extra-curricular activities operating at the school in which their student 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/carers as soon as possible if the school is concerned about the student's school work, behaviour, attendance or punctuality
- notify parents of an unexplained absence of their student 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, Customer Complaints Management
- treat students and parents/carers with respect

**I accept the rules and regulations of Centenary State High School as stated in the school policies that have been provided to me as follows:**

- ✓ [Student Code of Conduct](https://centenaryshs.eq.edu.au/our-school/rules-and-policies) / https://centenaryshs.eq.edu.au/our-school/rules-and-policies
- ✓ [Student Dress Code](https://centenaryshs.eq.edu.au/our-school/rules-and-policies) / https://centenaryshs.eq.edu.au/our-school/rules-and-policies
- ✓ [Mobile Phone and Wearable Device Policy](https://centenaryshs.eq.edu.au/our-school/rules-and-policies) / https://centenaryshs.eq.edu.au/our-school/rules-and-policies
- ✓ [Good Standing Policy](https://centenaryshs.eq.edu.au/our-school/rules-and-policies) / https://centenaryshs.eq.edu.au/our-school/rules-and-policies
- ✓ [Advice for state schools on acceptable use of ICT facilities and devices](https://ppr.qed.qld.gov.au/pp/use-of-ict-systems-procedure) / https://ppr.qed.qld.gov.au/pp/use-of-ict-systems-procedure
- ✓ [School charges and voluntary contributions](https://centenaryshs.eq.edu.au/enrolments/resource-scheme) / https://centenaryshs.eq.edu.au/enrolments/resource-scheme
- ✓ [Absences](https://centenaryshs.eq.edu.au/our-school/absences) / https://centenaryshs.eq.edu.au/our-school/absences
- ✓ [School excursions procedure](https://ppr.qed.qld.gov.au/pp/school-excursions-procedure) / https://ppr.qed.qld.gov.au/pp/school-excursions-procedure
- ✓ [Complaints management procedure](https://ppr.qed.qld.gov.au/pp/customer-complaints-management-procedure) / https://ppr.qed.qld.gov.au/pp/customer-complaints-management-procedure
- ✓ [Religious instruction policy statement](https://education.qld.gov.au/parents-and-carers/school-information/school-operations/policy-statement) / https://education.qld.gov.au/parents-and-carers/school-information/school-operations/policy-statement
- ✓ [Chaplaincy and student wellbeing officer services policy statement](https://education.qld.gov.au/students/student-health-safety-wellbeing/student-support-services/chaplaincy-student-wellbeing-officer-services) / https://education.qld.gov.au/students/student-health-safety-wellbeing/student-support-services/chaplaincy-student-wellbeing-officer-services
- ✓ [Insurance information for schools, parents and work experience providers](https://ppr.qed.qld.gov.au/pp/work-experience-placements-for-school-students-procedure) / https://ppr.qed.qld.gov.au/pp/work-experience-placements-for-school-students-procedure
- ✓ [Obtaining and managing student and individual consent](https://ppr.qed.qld.gov.au/pp/obtaining-and-managing-student-and-individual-consent-procedure) / https://ppr.qed.qld.gov.au/pp/obtaining-and-managing-student-and-individual-consent-procedure

**I ACKNOWLEDGE:**

- That I have read and understand the responsibilities of the student, parents/carers and the school staff outlined above.
- That information about the school's current programs and services is clear.
- To accept and abide by the *Student Code of Conduct* during the full period of enrolment.
- To comply with the correct wearing of the school uniform, as published in the school's *Student Dress Code*.
- To comply with all expectations and processes in regard to mobile phones, mobile phone pouches and wearable devices, as published in the school's *Mobile Phone and Wearable Device Policy*.

**STUDENT**



|                         |  |       |  |
|-------------------------|--|-------|--|
| Student Name:           |  | Year: |  |
| Student Signature:      |  | Date: |  |
| <b>PARENT/CARER</b>     |  |       |  |
| Parent/Carer Name:      |  |       |  |
| Parent/Carer Signature: |  | Date: |  |

|                                |  |       |  |
|--------------------------------|--|-------|--|
| <b>OFFICE USE</b>              |  |       |  |
| Enrolling Officer's Signature: |  | Date: |  |

# CENTENARY STATE HIGH SCHOOL IT INFRASTRUCTURE AND BYOD: RESPONSIBLE USE AGREEMENT

Our goal is to ensure the safe and responsible use of IT facilities, services and resources available to students. Please review the points below and indicate your understanding and agreement on the following page.

## Responsibilities of stakeholders involved in the use of School ICT infrastructure including Bring your Own Device (BYOD) program:

### **School**

The school will provide:

- IT infrastructure including Wi-Fi networks, specialist computer labs and peripheral hardware
- BYOD program induction — including information on connection, use and care of device at school
- support for students to access our network at school
- BYOD internet filtering (when connected via the school's computer network)
- some technical support and advice
- some software for use on student devices e.g. Adobe, Microsoft Office 365, eBooks
- printing facilities
- a limited number of laptops for students that require short or loan term loans

### **Student**

Student agrees to:

- acknowledge that core purpose of device at school is for educational purposes
- care for own device, school-owned devices and devices owned by other students
- ensure device has enough battery power for each lesson
- use resources (e.g. printing paper and internet service) only for educational purposes and only as much as required
- seek out assistance from school IT technicians to resolve connection problems *before* they interrupt class learning time
- acknowledge that IT issues are not grounds for non-participation in class
- regularly back up all important documents and data (e.g. to school OneDrive account)
- acknowledge that loss of data by failing to back up is not grounds for late submission of work
- exhibit appropriate digital citizenship and online safety (see student charter for detailed expectations)
- maintain network security and password protection — keep passwords private and secure
- abide by intellectual property and copyright laws (including software/media piracy)
- operate within the school internet filtering and not attempt to bypass in order to access blocked or inappropriate content (e.g. with a VPN or mobile hotspot)
- sign the *Centenary State High School IT infrastructure and BYOD: Responsible Use Agreement* (below)

### **Parents/carers**

Parents/carers agrees to:

- acknowledge that core purpose of device at school is for educational purposes
- encourage and support appropriate online behaviour and cyber-safety with students
- seek technical support from place of purchase or other providers to resolve problems with BYOD device
- agree to provide a device to be used for education purposes or to contact the school to organise alternatives
- communicate with school when replacement or loan device is required
- support students to obtain required software, including sufficient anti-virus software
- review 3<sup>rd</sup> party website permission requests and provide your preferences to the school
- understand and sign the *Centenary State High School IT infrastructure and BYOD: Responsible Use Agreement* (below)

*Centenary State High School is not responsible for any damage to personal devices brought to school. Students and parents/carers assume all responsibility for damage to personal electronic devices. It is highly recommended that all suitable insurance cover is provided, such as accidental damage insurance.*

**Centenary State High School IT infrastructure and BYOD: Responsible Use Agreement**

| <b>STUDENT</b>          |  |       |  |
|-------------------------|--|-------|--|
| Student Name:           |  | Year: |  |
| Student Signature:      |  | Date: |  |
| <b>PARENT/CARER</b>     |  |       |  |
| Parent/Carer Name:      |  |       |  |
| Parent/Carer Signature: |  | Date: |  |

## VOLUNTARY PARTICIPATION IN CHAPLAINCY PROGRAM

The school community provides a chaplaincy program, endorsed by the school’s Parents and Citizens’ Association, and is available on a voluntary basis to all students. Information about the school’s chaplaincy program is on the school’s website. The chaplain is involved in a range of activities at the school, which are free of religious or spiritual content.

**Voluntary student activities, free of religious, spiritual and/or ethical content include but are not exclusive to:**

- Breakfast program – once a week the Chaplaincy Service provides a free breakfast for any student who wishes to attend.
- Mentoring/support – where appropriate, school staff will refer students to the Chaplain for regular mentoring and support.
- Fundraisers and community/social welfare projects.
- Outdoor education programs, including school camp programs.
- Assistance with school sporting events.
- Support with whole of school events.
- QCS lunch – each year the Chaplaincy Service provides a free lunch to Year 12 students during their QCS exams.

**The below activities are available to all students who may voluntarily participate unless a parent/carer requests in writing that this is not to occur for their student:**

- Pastoral support – students can self-refer or be referred to the Chaplain for pastoral support regarding issues including bullying, school problems, family conflict, etc. This support may or may not include spiritual and/or ethical content.
- Bible studies/prayer meeting – the Chaplain assists student-led bible and prayer meetings during lunch breaks.

**PLEASE TICK ONE OF THE BELOW BOXES**

- I give consent for the above-mentioned student to participate in activities free of religious or spiritual content. I understand that, where I agree that the student can participate in the chaplaincy program, this information will be passed on to the school chaplain.
- I do not give consent for the above-mentioned student to participate in activities associated with the chaplaincy program at Centenary State High School.

**STUDENT**

|                    |  |       |  |
|--------------------|--|-------|--|
| Student Name:      |  | Year: |  |
| Student Signature: |  | Date: |  |

**PARENT/CARER**

|                         |  |       |  |
|-------------------------|--|-------|--|
| Parent/Carer Name:      |  |       |  |
| Parent/Carer Signature: |  | Date: |  |

# STUDENT RESOURCE SCHEME

## The Student Resource Scheme

The Student Resource Scheme (SRS) is a user-charging scheme operated by schools to provide parents/carers 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 parents/carers.

The objective of the scheme is to provide parents/carers 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/carer to participate.

This Participation Agreement Form applies for the duration of a student's enrolment at the school, however parents/carers 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/carers 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/carers 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/carers 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/carers are requested to complete the Participation section of this form and return it to the school.

If parents/carers have not completed and returned the form before the due date, the school will take the view that the parent/carer does not wish to participate.

### Payment

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

### Participation

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

|                                |  |
|--------------------------------|--|
| <b>School Name:</b>            |  |
| <b>Form Return Date:</b>       |  |
| <b>Student Name:</b>           |  |
| <b>Year Level:</b>             |  |
| <b>Parent/Carer Name:</b>      |  |
| <b>Parent/Carer Signature:</b> |  |
| <b>Date:</b>                   |  |

*(For more information on this agreement please refer to the Information for Parents/Carers booklet)*

# STATE SCHOOL CONSENT FORM



## 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: .....

(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: Duration of enrolment

### 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 Individual student; or when the consenter is an independent student and under 18 the section below must be completed.

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

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

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 .....