

# ENROLMENT APPLICATION



**THE IPSWICH**  
**State High School**

PH: 38134461  
ENROLMENTS@IPSWICHSHS.EQ.EDU.A  
1 HUNTER STREET, BRASSALL QLD 4305



# THE IPSWICH STATE HIGH SCHOOL

## Welcome

We understand that the process of enrolling in school is an important and involved process. To assist you through this process we have put all the important information and forms into one document for you.

The Enrolment Procedure (on page 4) is your starting point and will step you through the process of enrolment for your particular circumstance. Use this guide to ensure you provide all the important documents photocopied with your Enrolment Application.

The **Catchment Map** shows the area where students have priority for enrolment. If you reside outside of this area, you must complete the Out of **Catchment Expression of Interest Form** included in the Enrolment Application for consideration in conjunction with your application for enrolment.

The **Enrolment Application** is the next part of the package. This form is a requirement of Education Queensland and must be completed accurately and in full.

The **Enrolment Interview Profile** is used to collect background information on your child so as to assist us in providing a program that is responsive to their needs. You can assist us by completing the responses **before** sending in your application. We will then talk through your answers with you at the *Enrolment Interview* to ensure we understand all of your child's strengths and needs.

The **Enrolment Agreement** must also be completed and indicates that you understand the conditions upon which enrolment occurs at The Ipswich State High School.

**Fees** - Payment of \$100 (representing a one term instalment of the Student Resource Scheme Fee) is required to be paid upon lodgment of the Enrolment Application Forms. If you are applying for Out of Catchment enrolment you must also pay in addition to the one term instalment, the Out of Catchment Application Fee of \$20. These payments can be paid via the QKR app. An information sheet for the QKR app is located in the Information Guide.

Finally, this booklet is made up of a number of other **Consent and Agreement Forms** that must be completed as part of your enrolment. These forms provide access to school computers, the Student Resource Scheme, Media Consent, Website Risk Annexure.

Please do not hesitate in contacting us on 3813 4461 or at [enrolments@ipswichshs.eq.edu.au](mailto:enrolments@ipswichshs.eq.edu.au) if we can assist you in any way with this process or the forms.

We look forward to developing a partnership with your family as we develop a strong sense of community involvement within our school.



# THE IPSWICH STATE HIGH SCHOOL

## ENROLMENT CHECKLIST *[Please complete once you have filled out all other parts of this booklet]*

ENROLMENT REQUIREMENT	Parent/Carer Checklist Please ✓
Enrolment Form completed and signed	
Out of Catchment Form completed and signed (if applicable)	
Copy of QKR receipt showing payment of \$100 (one term instalment) and, if applicable, \$20 Out of Catchment Fee	
Birth Certificate (please provide copy)	
Copy of Student's last issued School Report (please provide copy)	
Copy of Parent/Carer's Driver's License or Photo Proof of Age Card	
If born overseas, residency information:	
▪ Passport (please provide copy)	
▪ Eligible Visa Category information (please provide copy)	
<b>If in catchment evidence of residential address of legal guardian (please provide two of these – one must be a Primary Source):</b>	
▪ <b>One</b> copy of a Primary proof of residential address - Rates Notice, Lease Agreement or copy of unconditional Sale Agreement	
▪ <b>One</b> copy of a secondary proof of residential address – copy of utility bill (ie electricity, gas, phone) etc	
<b>Students living with a relative or other person within catchment:</b> <b>In addition to the documents listed above, students living with a relative/other person within catchment must provide the following:</b>	
▪ Properly sworn Statutory Declaration from the student's parent/legal guardian; and	
▪ Properly sworn Statutory Declaration from the resident where the student (and their family) will be residing with in catchment	
<b>Forms in this booklet completed and signed:</b>	
▪ Interview Profile Sheet	
▪ Student Resource Scheme Agreement	
▪ Enrolment Agreement	
▪ State School Consent Form (Media Consent)	
▪ Third Party Website Consent for Parents/Guardians	
▪ Communication	
▪ Parent Involvement Form	
▪ Consent to share student personal information with third parties	
▪ Centrepay Deduction Authority Form	
▪ Consent to Release Information	
▪ Provide copies of all supporting documentation relating to diagnosed learning difficulties, verifications (ASD, Intellectual Disability etc) or health management plans (diabetes, epilepsy, asthma, allergies, mental health etc).	
▪ <b>IF YOUR STUDENT REQUIRES TO TAKE MEDICATION AT SCHOOL – YOU WILL NEED TO SPEAK TO OUR FIRST AID OFFICER AND COMPLETE MEDICATION CONSENT FORMS</b>	







# THE IPSWICH STATE HIGH SCHOOL

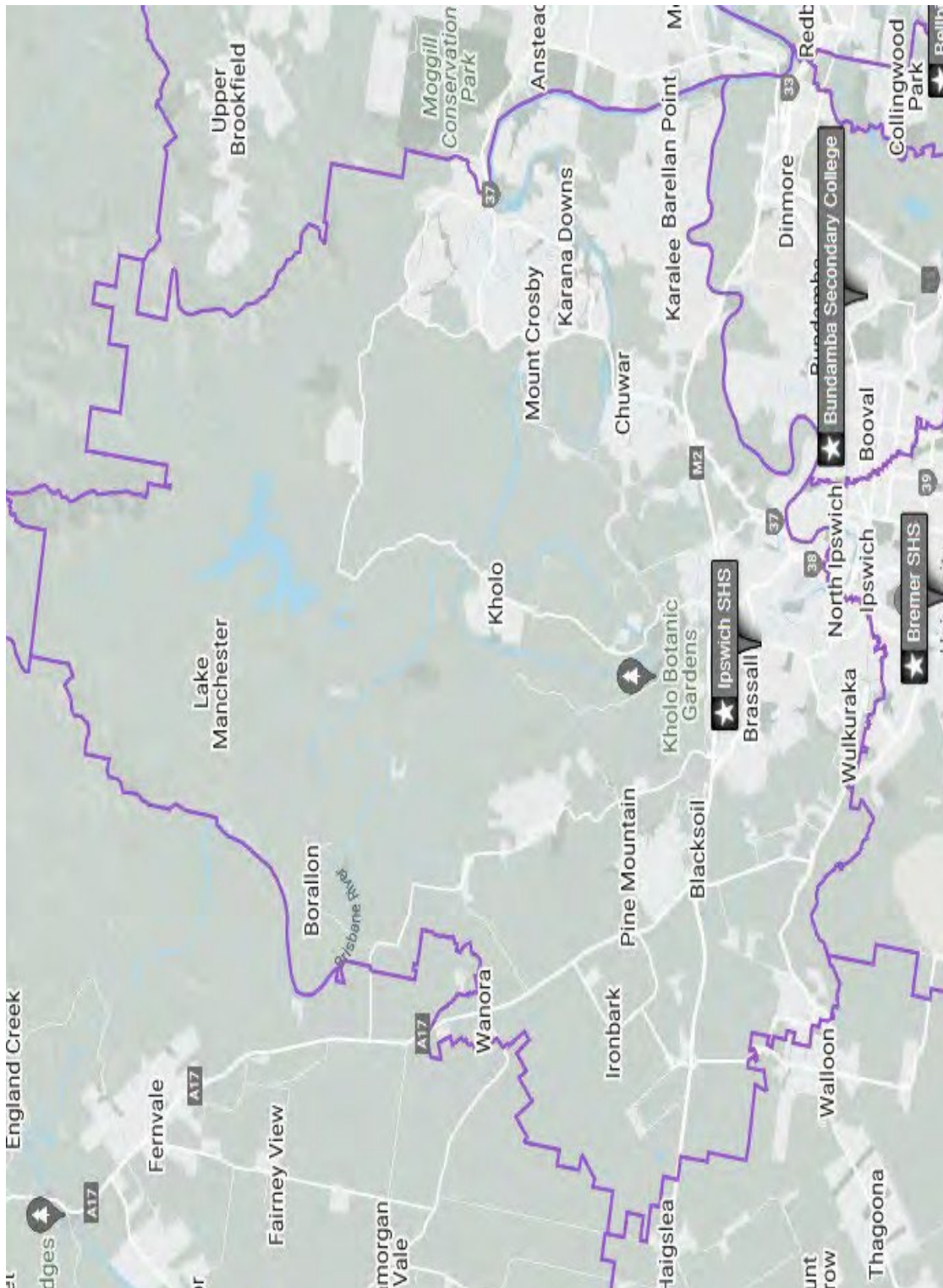
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# THE IPSWICH STATE HIGH SCHOOL

The Ipswich State High School – Catchment Map 2022 This PDF is an uncontrolled document published as of 12.10.2020. Please see <http://www.qgso.qld.gov.au/maps/edmap/> for catchment boundary details should they change.





# THE IPSWICH STATE HIGH SCHOOL

## STEPS TO ENROLMENT

**Step 1:** If you reside in our catchment area, please complete the enrolment booklet from page 7.

If you reside out of our catchment area, please complete the enrolment booklet from page 5.

**Year 7 Enrolment for the following year** - Complete an Enrolment Application and relevant documents as per the checklist (see page 2 of Enrolment Application).

**Step 2:** All documents can be returned in person to the school administration or via email at: [enrolments@ipswichshs.eq.edu.au](mailto:enrolments@ipswichshs.eq.edu.au). Enrolment applications are received at administration after 9.30am daily - you do not need an appointment to lodge your documents. **Please note only applications that have been fully completed with all required attachments will be accepted and processed.**

**2023 Enrolments** - You will receive an invitation to attend an Enrolment Information Session

**2022 Year 7 - 11 Enrolments** – The enrolments officer will book an Enrolment Interview if commencing ASAP.

## SUCCESSFUL ENROLMENT

**Year 7 Enrolment for the following year** - Upon acceptance after a successful enrolment application and attendance at an enrolment session, students commencing in Year 7 will start on the first day of the new school year. Please note Transition Day details below.

**Year 7-11 Enrolments starting ASAP** - If a student is commencing throughout the year the administration team will advise of their commencement date in consultation with the family. Usually this will be on the following Tuesday. Students are to arrive wearing their full School uniform and report to Administration by 8.50am. Students will receive their timetable and diary and will take part in an induction with our Student Wellbeing Team.

## TRANSITION DAY (YEAR 7 ONLY)

The Monday of week 10 Term 4 is the date for all future enrolled Year 7 students to come and spend the day at Ipswich State High School. This Transition Day enables students to meet teachers, see the School grounds and partake in some classes. **All students must have completed their enrolment by lodging the application form and documentation and attending an enrolment session to be eligible to attend.**

Students are to arrive at Ipswich State High School by 8.50am to start the day. Transport to and from Transition Day is to be organised by parents/caregivers. Students depart at the end of the day at 2.55pm.

Students who are involved with Special Education Support at their existing Primary School will be invited to attend an additional Learning Support Transition Program. The invitation to attend this program is made via the Head of Special Education at the Primary Schools with whom we work closely with. Please contact your primary school to ensure you are included in the transition program.



# THE IPSWICH STATE HIGH SCHOOL

## ENROLMENT MANAGEMENT PLAN – *Catchment Exemption Form*

**If you reside outside of the defined Catchment Area you must complete this form.**

*There is a \$20 non-refundable processing fee for all Out of Catchment Applications for Enrolment.  
This must be paid prior to, or at the time of submitting documents or receipt must accompany application.*

### PROPOSED STUDENT'S DETAILS

Student Name:		Date of Birth:	
Year Level Entry:		Year of Enrolment:	
Intended Start Date:		Current School:	
Residential Address:			
		Postcode:	
Email Address:			
Contact Parent Name:			
Contact Parent Phone Number:			

### EXEMPTION CRITERIA

(Reason for Out of Catchment Enrolment Request)

<input type="checkbox"/> Sibling/s	Name/s:
Was the sibling enrolled into a Program of Excellence? Yes /No	Name of program:
<input type="checkbox"/> International Student	
<input type="checkbox"/> Young Families Connect Program	
<input type="checkbox"/> Mature Age Student	
<input type="checkbox"/> DOCS	
<input type="checkbox"/> Program of Excellence	<input type="checkbox"/> Boys Football Program <input type="checkbox"/> Girls Football Program <input type="checkbox"/> STEM <input type="checkbox"/> Hair & Beauty Program <input type="checkbox"/> Dance Program <input type="checkbox"/> Trade Training Program
<input type="checkbox"/> Other (Please detail the reasons you wish to be considered for Out of Catchment Enrolment)	

SUPPORTING EVIDENCE - Submit this form together with a copy of the child's most recent report card, birth certificate, if born overseas – a copy of their visa and passport and any other notes you wish to provide for an Out of Catchment Enrolment.

Parent /Guardian Name: \_\_\_\_\_

**SIGN HERE**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# THE IPSWICH STATE HIGH SCHOOL

## METHOD OF PAYMENT

1. **QKR Payment** – An instruction sheet is provided in the Information Guide.
2. **Bank Transfer – BSB 064 460 – Account Number 10021215 – Ref: Students Name Yr Level**
3. **EFTPOS** – Facilities are available at the school administration finance office.

## FINANCE OFFICE HOURS:

TUES & THURS                      8AM TO 12PM

MON, WED & FRIDAY      CLOSED

OFFICE USE ONLY			
School Catchment of Residential Address:			
Exemption Type:	<input type="checkbox"/> Sibling	<input type="checkbox"/> DOCS	<input type="checkbox"/> International
	<input type="checkbox"/> Staff	<input type="checkbox"/> Program of Excellence	<input type="checkbox"/> Exclusion
	<input type="checkbox"/> Other		
COMMENTS			
Space Available in Year Level:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exemption Granted:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:		Date:	



# THE IPSWICH STATE HIGH SCHOOL

## 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:

- assessing whether your application for enrolment should be approved
- meeting reporting obligations required by law or under Federal – State Government funding arrangements
- 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
- communicating with students and parents.

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

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

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

### PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS

Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name		Preferred given names	
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	____/____/____
Copy of birth certificate available to show school staff*	<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. The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted. For international students approved for enrolment by EQI, a passport or visa will be acceptable.	
For prospective mature age students, proof of identity supplied and copied*	<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>	

# THE IPSWICH STATE HIGH SCHOOL

## 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	<input type="text"/> / <input type="text"/> / <input type="text"/>			
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:	<input type="text"/>
			Year Level	<input type="text"/>
			Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
			School	<input type="text"/>

## 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
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## FAMILY DETAILS

Parents/carers	Parent/carer 1	Parent/carer 2
Family name*	<input type="text"/>	<input type="text"/>
Given names*	<input type="text"/>	<input type="text"/>
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*	<input type="text"/>	<input type="text"/>
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 <input type="text"/>	Work/home/mobile <input type="text"/>
2 <sup>nd</sup> Phone contact number*	Work/home/mobile <input type="text"/>	Work/home/mobile <input type="text"/>
3 <sup>rd</sup> Phone contact number*	Work/home/mobile <input type="text"/>	Work/home/mobile <input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
What is the occupation group of the parent/carer?	<input type="checkbox"/> (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')	<input type="checkbox"/> (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	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
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 <input type="checkbox"/> Yes, other – please specify <input type="text"/>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify <input type="text"/>
Needs interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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

**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?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
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**EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS (to be completed if this person is NOT an Australian citizen)\***

<input type="checkbox"/> Permanent resident	Complete passport and visa details section below	
<input type="checkbox"/> Student visa holder	Date of arrival in Australia ____ / ____ / ____	Date enrolment approved to: ____ / ____ / ____
	EQI receipt number: _____	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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"/> VET <input type="checkbox"/> Home education <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <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.

If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.

Parents/carers may change these arrangements at any time by notifying the principal in writing.

Do you want the prospective student to participate in religious instruction?

☐ Yes ☐ No

If 'Yes', please nominate the religion:

**PROSPECTIVE STUDENT ADDRESS DETAILS\***

Principal place of residence address

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

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

	Emergency contact	Emergency contact
Name		
Relationship (e.g. aunt)		
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

## PROSPECTIVE STUDENT MEDICAL INFORMATION (including allergies)\*

### Privacy Statement

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

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

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

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

## COURT ORDERS\*

### Out-of-Home Care Arrangements\*

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

Is the prospective student identified as residing in out-of-home care?	<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	___/___/___
	End date	___/___/___
Contact details of the Child Safety Officer (if known)	Name	
	Phone number	

**COURT ORDERS\* (continued)****Family Court Orders\***

Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?

☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

End date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Other Court Orders\***

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?

☐ Yes ☐ No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_


End date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPLICATION TO ENROL\***

I hereby apply to enrol my child or myself at \_\_\_\_\_.

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

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

**Office use only**

Enrolment decision		Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing)  If no, indicate reason: <input type="checkbox"/> Does not meet School EMP or Enrolment Eligibility Plan requirements <input type="checkbox"/> Prospective student is mature age and school is not a mature age state school <input type="checkbox"/> Does not meet Prep age eligibility requirement <input type="checkbox"/> Prospective student is subject to suspension from a state school at the time of enrolment application <input type="checkbox"/> Does not meet requirements for enrolment in a state special school <input type="checkbox"/> Does not have an approved flexible arrangement with the school <input type="checkbox"/> School does not offer year level prospective student is seeking to be enrolled in <input type="checkbox"/> Prospective student has no remaining semester allocation of state education					
Date enrolment processed	____ / ____ / ____	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 Number: _____	
Is the prospective student over 18 years of age at the time of enrolment? If yes, is the prospective student exempt from the mature age student process? If no, has the prospective mature age student consented to a criminal history check?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
School house/ team				EAL/D support		<input type="checkbox"/> Yes <input type="checkbox"/> No <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 TV – temporary visa DS – dependent – parent on student visa		EX – exchange student DE – distance education	

## Parental occupation groups for use with parent/carer details

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

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

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

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

**Defence Forces** commissioned officer

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

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

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

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

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

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

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

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

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

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

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

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

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

**Defence Forces** senior Non-Commissioned Officer.

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

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

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

**Skilled office, sales and service staff:**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/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 months



## State schools standardised medical condition category list

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

# Application to enrol in a Queensland state school

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

## Entitlement to enrolment

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

- if the school has a School Enrolment Management Plan or an Enrolment Eligibility Plan (enrolment is subject to eligibility under the plan)
- the applicant is a prospective mature age student (the applicant can only apply for enrolment at a mature age state school and will be subject to a satisfactory criminal history check, or as a student in a program of distance education. All prospective mature age students must have a remaining allocation of state education.)
- the prospective student is not of correct age for enrolment (relates to Preparatory Year and Years 1 to 6)
- the prospective student has been excluded, or is subject to suspension from a state school at the time of the application
- the school principal reasonably believes that the prospective student presents an unacceptable risk to the safety or wellbeing of members of the school community (application is referred to the Director-General)
- the school is a state special school and the prospective student does not meet the criteria for enrolment in a special school
- the proposed enrolment requires approval as part of a flexible arrangement under s.183 of the *Education (General Provisions) Act 2006 (Qld)*, and the arrangement has not yet been approved
- the prospective student is not an Australian resident or citizen or the child of an Australian permanent resident or citizen (visa restrictions may apply, fees may be charged, in some cases legislation requires that the prospective student must obtain approval from the Chief Executive via Education Queensland International (EQI) to enrol)
- the school does not offer the year level that the prospective student should be enrolled in
- the prospective student has no remaining semester allocation of state education. Enrolment cannot proceed until additional semesters are applied for by the prospective student (or parent on their behalf) and granted.

## Prospective student

A prospective student is a person who has applied to enrol at a state school but who has not yet been accepted for enrolment.

## Parent's occupation and education

All parents across Australia, no matter which school their child attends, are asked to provide information about family background (answering this question is optional). The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

## Court Orders

Any court orders concerning the prospective student's welfare, safety or parenting arrangements should be provided to the school, and the school should also be provided with any new or updated orders.

## Name on enrolment form

A prospective student should be enrolled under their legal name as per their birth certificate. There is provision to also record a preferred family and/or given name. The preferred name will be used on internal school documents such as class rolls. The legal name will appear on semester reports unless there is a specific request to use the preferred name only. This request can come from parents/carers or the student (if the student is independent/mature age).

## Gender

Information about gender is supplied to the Federal Government to comply with State funding agreements. The gender category with which a person identifies may not match the sex they were assigned at birth. There is no requirement for a student's gender recorded on this form to align with the sex shown on their birth certificate or passport.

## Religious Instruction

Religious instruction is a program approved and provided by a religious denomination or religious society. Other instruction relates to part of a subject area that has been covered within the curriculum and may include, but is not limited to, personal research and/or assignments, revision of class work, and wider reading. Information about religious instruction available at the school, and about other instruction, is provided by the school at the time of enrolment and on the school's website.

# THE IPSWICH STATE HIGH SCHOOL

## STUDENT SUPPORT

STUDENT SUPPORT DETAILS (Complete as appropriate and provide details/reports with application)			
<i>Has the student been identified with any of the following:</i>		Diagnosed	Verified
• Hearing Impairment		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Speech Language Impairment		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Physical Impairment		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Intellectual Disability		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Autistic Spectrum Disorder		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Vision Impairment	<input type="checkbox"/> Glasses only	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Has the student received <b>learning support</b> in the past?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Has the student received support from a <b>Special Education Program</b>?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Does the student have <b>English as a Second Language or EAL/D</b>?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Has the student received <b>speech language</b> support in the past?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Does the student's parent(s)/carer(s) speak another language at home?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Has the student been identified as <b>gifted &amp; talented</b>?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Has the student engaged with a school Guidance Officer?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Has the student ever attended an agency to address behavioural/emotional difficulties?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Is the student in the care of <b>Department of Child Safety - DOCS</b>? If yes, please provide copies of orders etc.</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Are there any court orders or legal matters relating to the student?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			
<i>Any other relevant information in relation to the <b>support of the student</b>?</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>			



# THE IPSWICH STATE HIGH SCHOOL

Hearing Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: / / _	Eye Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: / / _
MEDICAL HISTORY - Has your student seen any of the following?					
	CONTACT NAME			PHONE	
<input type="checkbox"/> Guidance Officer					
<input type="checkbox"/> Speech					
<input type="checkbox"/> Optometrist					
<input type="checkbox"/> Audiologist					
<input type="checkbox"/> Paediatrician					
<input type="checkbox"/> Psychologist					
<input type="checkbox"/> Occupational Therapist					
<input type="checkbox"/> Physiotherapist					
Other (please specify):					





# THE IPSWICH STATE HIGH SCHOOL

**\*Student to complete this page**

Getting to Know You	Office use only
1. What do you see as your strengths in your learning and interactions in your current school community?	
2. What opportunities or strategies do you need to implement to help you?	
3. When things become too challenging and failure seems apparent, what action do you take?	
4. What are your hobbies/interests?	
5. Have you held any leadership positions? These could be either at school or elsewhere. Please provide details.	
6. Have you participated in any representative activities/teams? eg MetWest Sport.	
7. Have you been involved in any community service activities?	
8. What can we do to help you make the most of High School?	
9. How do you like to learn listen, read, reflect?	
10. What are the concerns you have about attending The Ipswich State High School?	
11. What activities do you enjoy doing at school? Include any activities from class or out of class.	
12. What are you looking forward to about The Ipswich State High School?	
13. Do you play a musical instrument? If so, what?	
13. Do you like to read? What sort of books do you enjoy reading?	



## Agreement and Participation Forms

*These agreements remain current for the period of the student's enrolment.  
Any changes to these agreements will require a written request to the Principal.*

### The following forms to be completed and signed:

- **Student Resource Scheme Agreement** – we offer some specialist subjects that have additional fees – attached is the list of Specialist Subject Fees
- **Enrolment Agreement** - the Current Uniform Policy is attached.
- **State School Consent Form** - this form relates to media (including social media) permission - a letter explaining this form is attached.
- **Third Party Online Services Consent** - this form relates to the use of 3rd party programs and apps that your student may use at school - a letter explaining this form is attached.
- **Communication**
- **Parental Involvement Form**
- **Consent to Administer Medication** - for medications needing to be administered as required. Please speak to the enrolments officer if your student requires medication to be administered daily.
- **Consent to Share Personal Information with third parties** -by signing this form you authorise us to communicate to third parties (ie previous school drs etc) regarding your student.
- **Centrepay Authority Consent Form** - this form is included to assist families with to pay the balance of their fees by Centrepay deduction

If you have any questions about any of the forms, please speak to the enrolments officer for clarification.



# THE IPSWICH STATE HIGH SCHOOL

## STUDENT RESOURCE SCHEME – PARTICIPATION AGREEMENT FORM

### The Student Resource Scheme

The Student Resource Scheme (SRS) is a user-charging scheme operated by schools to provide parents with a mechanism to access individual student resources that are not funded by the government.

Government funding for schools does not extend to individual student resources and equipment for their personal use or consumption. Supply of these items, such as textbooks and personal laptops/iPads, is the responsibility of the parent.

The objective of the scheme is to provide parents a convenient and cost effective alternative to individual supply of resources for their students. Participation in the SRS is optional, and no obligation is placed on a parent to participate.

Terms and conditions for participating in the scheme are provided on the reverse side of the form. Information is provided on the Textbook and Resource Allowance (TRA) where applicable.

This Participation Agreement Form applies for the duration of a student's enrolment at the school, however parents who are participating in the scheme can choose to opt out from the SRS in future years by completing a new Participation Agreement Form. Any new Participation Agreement Form submitted annually and received by the school will supersede the previous form lodged.

Parents pay the annual participation fee in accordance with the selected payment arrangement. If a student joins the school mid-year, a pro-rata participation fee may apply.

Parents not participating in the scheme must provide their student with all items that would otherwise be provided by the scheme as detailed in the information provided by the school. Parents can choose to join the SRS in future years by completing a new Participation Agreement Form.

To assist schools in managing and administering the scheme, parents are requested to complete the Participation section of this form and return it to the school.

If parents have not completed and returned the form before the due date indicated by the school in the SRS Annual Parent Information documents, the school will take the view that the parent does not wish to participate.

#### Payment

On agreeing to participate in the SRS, a parent agrees to pay the participation fee as advised and invoiced by the school. or 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 (see reverse) and agree to abide by them and to pay the annual participation fee in accordance with the selected payment arrangement. I understand that I can opt out of participation in the SRS in any year by completing a new Participation Agreement Form.

☐ **NO I have read the terms and conditions and I do not wish to participate in the Student Resource Scheme.** I understand I must provide my child with all items that would otherwise be provided by the SRS as detailed in the information provided by the school. I understand that I can choose to join the SRS in future years by completing a new Participation Agreement Form.

School Name	The Ipswich State High School
Form Return Date	Upon lodgment of Enrolment Application or within 1 week of 1 <sup>st</sup> day of attendance by student
Student Name	
Year Level	
Parent Name	
Parent Signature	
Date	

#### Privacy Statement

The Department of Education collects the information you complete on the Participation Agreement Form in order to administer the Student Resource Scheme (SRS). The information will only be accessed by school employees administering the SRS. However, if required, some of this information may be shared with departmental employees for the purpose of debt recovery. Your information will not be given to any other person or agency unless you have given permission or the Department of Education is authorised or required by law to make the disclosure.



## Terms and Conditions

### Definition

1. Reference to a "parent" is in accordance with the definition in the *Education (General Provisions) Act 2006* and refers equally to an independent student.

### Purpose of the SRS

2. In accordance with the *Act*, the cost of providing instruction, administration and facilities for the education of students enrolled at state schools who are Australian citizens or permanent residents, or children of Australian citizens or permanent residents, is met by the State.
3. Parents are directly responsible for providing textbooks and other personal resources for their children while attending school.
4. The SRS enables a parent to enter into an agreement with the school to provide the resources as advised by the school for a specified annual participation fee.

### Participation in the SRS

5. Participation in the SRS is optional and parents are under no obligation to participate.
6. The school will provide parents with a list of resources supplied by the SRS to enable parents to assess the cost effectiveness of participation.
7. Parents indicate whether or not they wish to participate in the SRS by completing this Participation Agreement Form.
8. Parents must complete and sign the Participation Agreement Form and return it to the school by the advertised date.
9. This agreement is for the duration of the student's enrolment at the school, unless a new Participation Agreement Form is completed.
10. Parents are given the option annually to choose whether to participate in the SRS or not by completing this form.
11. Where a parent signs up to participate in the SRS they are agreeing to pay the annual participation fee for the items provided by the SRS.
12. Payment of the participation fee implies acceptance of the SRS including the Terms and Conditions irrespective of whether or not the signed form has been returned.
13. Where a student starts at the school during the school year, the parent may be entitled to pay a pro-rata participation fee to participate based on a 40-week school year.
14. Where a participation fee has been paid and a student leaves the school during the year, the school must determine if the parent is eligible for a pro-rata refund. This will also take into account any pro-rata of the Textbook and Resource Allowance (TRA) (see Additional Information regarding TRA eligibility) and any outstanding SRS debts (including any debts from damaged or non-returned items). Where the cost of outstanding debts is higher than the calculated refund, the parent is liable to pay this balance of funds.

### Non-Participation in the SRS

15. Parents who choose not to participate in the SRS are responsible for providing their student with all items that would otherwise be provided by the SRS to enable their student to engage with the curriculum.
16. The school will provide non-participating parents with a list of resources the parents are required to supply for their child.
17. All items included in the SRS must be able to be independently sourced, purchased and supplied by parents who choose not to participate in the SRS.
18. As the SRS operates for the benefit of participating parents and is funded from participation fees, SRS resources will not be issued to students whose parents choose not to participate in the SRS.

### The Resources

19. SRS funds received by the school will only be expended on student resources outlined in the school's SRS and will not be expended on other items or used to raise funds for other purposes.
20. In return for payment of the participation fee, the SRS will provide the participating student with the entire package of resources for the specified participation fee. It is not available in parts unless specifically provided for by the school in the fee structure.
21. The resources, as determined and advised by the school may be:
  - retained by the student and used at their discretion; or
  - used/consumed by the student in the classroom; or

- hired to the student for their personal use for a specified period of time.

22. All SRS resources hired to a student for their temporary use remain the property of the school. The resources must be returned by the agreed date or if the student leaves the school.
23. Parents are responsible for ensuring that any hired SRS resources provided for their child's temporary use are kept in good condition.
24. The school administration office must be notified immediately of the loss or damage to any hired item.
25. Where a hired item is lost, not returned, or damaged, parents will be responsible for payment to the school of the value of the item or its repair.
26. The replacement cost of any resource may be up to the maximum value (subject to depreciation where appropriate) of the acquisition cost to the school.
27. Parents may be responsible for supplying their child with other resources not specified in the SRS as advised by the school.

### Payment Arrangements

28. Payment of the participation fee may be made in whole, as per a nominated payment plan, or for another amount as approved by a Principal.
29. Payment of the participation fee must be made as per the payment methods nominated by the school.
30. Any concessions relating to the participation fee will be at the discretion of the Principal.

### Debt Management

31. Payment of the participation fee is a requirement for continued participation in the SRS.
32. Non-payment of the participation fee by designated payment date(s) may result in debt recovery action in accordance with the Department's Debt Management Procedure <http://ppr.qed.qld.gov.au/corp/finance/accounts/Pages/Debt-Management.aspx>.

### Parents' Experiencing Financial Hardship

33. Parents experiencing financial hardship who are currently participating in or wish to participate in the SRS should contact the school to discuss options.
34. Principals may vary payment options, negotiate alternative arrangements and/or waive all or part of the participation fee for parents experiencing financial hardship.
35. The onus of proof of financial hardship is on the parent.
36. The school may require annual proof of continuing financial hardship.
37. All discussions will be held in the strictest confidence.

## Additional Information

### Textbook and Resource Allowance (TRA)

- The Queensland Government provides financial assistance to parents of students in Years 7 to 12, to offset the costs of textbooks and other resources. Assistance is provided in the form of a TRA which is paid through the school. Refer to the department's website for current TRA rates <https://education.qld.gov.au/about-us/budgets-funding-grants/grants/parents-and-students/textbook-resource-allowance>.
- The TRA is used to offset the fees associated with participation in the SRS.
- Parents not participating in the SRS will receive the TRA directly from the school.
- Parents not participating in the SRS should contact the school directly if they do not automatically receive the payment.





# THE IPSWICH STATE HIGH SCHOOL

## Student Resource Scheme 2023

The Ipswich State High School operates a **Student Resource Scheme**. As per *Education (General Provisions) Act 2006 (Qld)* a parent/guardian is directly responsible for providing students with textbooks and other resources for use at school. The school offers to provide this **Resource Scheme** to assist parents/guardians with a cost effective alternative to purchasing textbooks and other resources.

The student resource scheme enables a parent/guardian to enter into a written agreement with the school. If a parent/guardian **chooses to participate** in the scheme, they complete a **Participation Agreement Form** which provides the student with the necessary textbooks and other resources to engage in learning. A **Participation Fee** of **\$250.00 (for Yrs 10, 11 and 12) or \$350 (for Yrs 7, 8 and 9)** will be required to be paid by the parent/guardian. This is approximately \$6.25 per week (for Yrs 10, 11 & 12) or \$8.75 (for yrs 7, 8 and 9).

A parent/guardian who **does not wish to participate** in the scheme is responsible for providing the student with the necessary textbooks and other resources that would have otherwise been provided under the resource scheme, for the student to engage in learning. This contribution is in addition to the Government Textbook Allowance. The school receives a direct bulk payment of the Government Textbook Allowance for all students in Years 7 to 12 participating in the Resource Scheme.

JUNIORSCHOOL		
Years 7 , 8 & 9	\$350.00	Participation in Scheme per student
SENIORSCHOOL		
Years 10, 11 & 12	\$250.00	Participation in Scheme per student

***These are some of the benefits included in the scheme:***

Classroom consumables and curriculum reference materials
Individually issued and class sets of textbooks prescribed for each subject
Class workbooks and worksheets
Equipment for student use eg: various cameras, sport uniforms for school teams etc.
Student ID card
School diary
Student materials used for classroom projects
Initial print credit
Computer Technology (ICT), technical support (IT helpdesk), software, internet access, email address, 100mb hard drive space. Laptops provided to Yr 7, 8 and 9 students.



# THE IPSWICH STATE HIGH SCHOOL

Access and provision of textile articles, food demonstrations, food items for cooking and various printed booklets
Access to gloves, aprons and protective eyewear, provision of chemicals, electronic components and consumables for group/experimental work in Science, Chemistry, Biology and Physics
Projects completed in art, paint, craft, adhesives, drawing, screen printing, clay and ceramics and specialist art equipment
Projects completed in Manual Arts, access to safety equipment
Access to musical equipment for music subjects
Access to specialised equipment for film and TV and interactive digital media including use and maintenance of video cameras
Access to basic costumes and make-up for dance and drama
Use of basic calculator

***Items specifically excluded from Resource Scheme under the Act:***

Specialist subject fees	Excursions, camps, non-curriculum activities
Writing/exercise pads for day work, notes	School magazine
Biros, pencils and other stationery items	Band/Choir/dance costumes
Drawing equipment	Bus hire to excursions & weekly sporting fixtures
Musical Instrument Hire	Subsequent print credit
Additional cooking ingredients, sewing materials	

**All Resource Scheme fees must be up to date and specialist subject fees must be paid in full, before money will be accepted for non-curriculum elective activities (eg: camps, excursions & other trips, dance/band/choir costumes, senior formal, senior jerseys etc.)**



## SPECIALIST SUBJECT FEE SCHEDULE

Student: \_\_\_\_\_ 2023 Year level: \_\_\_\_\_

YEAR	SUBJECT	FEE	Selection
7 & 8	Hair Fashion & styling	\$50	
	Rugby League	Boys <input type="checkbox"/> Girls <input type="checkbox"/>	\$190
9	Hair Fashion & Styling	\$100	
	Rugby League	Boys <input type="checkbox"/> Girls <input type="checkbox"/>	\$190
10	Hair and Beauty	\$400	
	Cert II Dance	\$250	
	Rugby League	Boys <input type="checkbox"/> Girls <input type="checkbox"/>	\$190
11 & 12	Cert III Nail Technology	\$400	
	Cert III Beauty Services	\$400	
	Cert II Salon Assistant	\$400	
	Cert II Retail Cosmetics	\$400	
	Cert III Dance	\$250	
	Cert III Fitness	Year 11 \$365	
		Year 12 \$235	
	Cert II Art	Year 11 \$80	
	Cert III Active Volunteering	Year 11 \$260	
		Year 12 \$160	
	TTC Pathways Year 11/12	2 year course fee includes: \$85 white Card and \$173 TTC uniform \$260	
	Cert III Sport and Rec	Boys <input type="checkbox"/> Girls <input type="checkbox"/>	\$190
	Cert III Allied Health Assistance	Year 11 \$85	
		Year 12 \$499	
	Cert II Creative Industries	\$50	

Tick this box if you wish to be contacted  
about starting a payment plan

☐

2023 Subject Fees:	\$
PLUS 2023 SRS Fee:	\$
<b>TOTAL AMOUNT OWING</b>	<b>\$</b>

Payment Due Dates – TO CONFIRM ENROLMENT IN FEE PAYING SUBJECTS					
Specialist subject fees: Pay by 18 Nov 2022					
Yr 7-9 SRS (School Fees) \$350 due 18 Nov 2022			Yr 10-12 SRS (School Fees) \$250 due 18 Nov 2022		
OR:			OR:		
Instalment 1	\$100	18 Nov 2022	Instalment 1	\$100	18 Nov 2022
Instalment 2	\$125	31 Mar 2023	Instalment 2	\$75	31 Mar 2023
Instalment 3	\$125	23 Jun 2023	Instalment 3	\$75	23 Jun 2023

As parent/guardian, I acknowledge and agree that before my student is eligible to participate in any specialist subjects, payment of subject fees and any outstanding fees must be made.

Parent/Guardian Details:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# THE IPSWICH STATE HIGH SCHOOL

## ENROLMENT AGREEMENT

This enrolment agreement sets out the responsibilities of the student, parents or carers and the school staff about the education of students enrolled at The Ipswich State High School.

### Responsibility of student to:

- attend school regularly, 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 request or directions from the teacher and principal
- abide by school rules, meet homework requirements and wear school uniform
- respect the school environment.
- 

### Responsibility of parents to:

- attend open evenings for parents
- let the school know if there are any problems that may affect my child's ability to learn
- inform school of reason for any absence
- treat school staff with respect and tolerance
- support the authority and discipline of the school enabling my child to achieve maturity, self-discipline and self-control
- abide by school's policy regarding access to school grounds before, during and after school hours
- pay all school fees and charges as incurred.
- 

### Responsibility of school to:

- develop each individual student's talent as fully as possible
- inform parents and carers regularly about how their children are progressing
- inform students, parents and carers about what the teachers aim to teach the students each term
- teach effectively and to set the highest standards in work and behaviour
- take reasonable steps to ensure the safety, happiness and self-confidence of all students
- be open and welcoming to all reasonable times and offer opportunities for parents and carers to become involved in the school community
- clearly articulate the school's expectations regarding the responsible behaviour plan for students and the school's dress code policy
- ensure that the parent is aware of the school's record keeping policy
- set, mark and monitor homework regularly in keeping with the school's homework policy
- contact parents and carers as soon as possible if the school is concerned about the students school work, behaviour, attendance or punctuality
- deal with complaints in an open, fair and transparent manner
- consult parents on any major issues affecting students
- treat students and parents with respect and tolerance.

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

- Responsible Behaviour Plan for Students
- Student Dress Code
- Homework Policy
- Student Resource Scheme(SRS)
- Absences
- School Excursions
- I consent to allow the school to use my child's Copyright Material, Image, Recording or Name (Media Release) in any appropriate publications
- I agree to ensure the Appropriate Use of Mobile Telephones and other Electronic Equipment by my child's usage of the internet and intranet. (See Digital Media Policy in student Diary).
- I acknowledge that the preferred method of general correspondence to me from the school will be through e-mail.

I acknowledge that information about the school's current programs and services including the Chaplaincy Service have been explained to me, and that I agree to allow my child to access any or all of these programs.

I understand that, under the Education General Provisions Act 2006, debt collection processes can be implemented for outstanding monies.

Student Name:		Student Signature:	X	
Parent/Guardian Name:		Parent/Guardian Signature:	X	
On behalf of THE IPSWICH SHS:		Date signed by THE IPSWICH SHS:		



# THE IPSWICH STATE HIGH SCHOOL

## STATE SCHOOL CONSENT FORM

Dear Parent / Caregiver

### Introduction to the State School Consent Form

This letter is to inform you about how we will use your child's personal information and student materials. It outlines:

- what information we record
- how we will use student materials created during your child's enrolment.

Examples of personal information which may be used and disclosed (subject to consent) include part of a person's name, image/photograph, voice/video recording or year level.

Your child's student materials:

- are created by your child whether as an individual or part of a team
- may identify each person who contributed to the creation
- may represent Indigenous knowledge or culture.

### Purpose of the consent

It is the school's usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education.

To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the 'Media Sources' section below.

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements.

The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided.

It should be noted that in some instances the school may be required by the *Education (General Provisions) Act 2006* or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

### Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.



# THE IPSWICH STATE HIGH SCHOOL

## **Consent may be limited or withdrawn**

Consent may be limited or withdrawn at any time by you.

If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

## **Media sources used**

Following is a list of online and social media websites and traditional media sources where the school may publish your child's personal information or student materials subject to your consent.

- School website: <https://ipswichshs.eq.edu.au>
- Facebook: <https://www.facebook.com/ipswichSHS/>
- YouTube: <https://www.youtube.com/user/IpswichSHS>
- Instagram: <https://www.instagram/theipswichstatehigh>
- Twitter: <https://twitter.com/IpswichSHS>
- Other:
- Local newspaper
- School newsletter
- Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

## **Duration**

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

## **Who to contact**

To return a consent, express a limited consent or withdraw consent please contact via email at [office@ipswichshs.eq.edu.au](mailto:office@ipswichshs.eq.edu.au) or 38134488.

Administration should be contacted if you have any questions regarding consent.

Please retain this letter for your records and return the signed consent form.



# THE IPSWICH STATE HIGH SCHOOL

## 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: ...IPSWICH STATE HIGH SCHOOL..

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

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

*\*Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use a student's name at its discretion.*

### 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;
  - 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 time frame:

### 5 LIMITATION OF CONSENT

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



# THE IPSWICH STATE HIGH SCHOOL

## 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.....

**SIGN HERE**

Signature or mark of consenter.....

Date .....

**SIGN HERE**

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 .....



# THE IPSWICH STATE HIGH SCHOOL

## Privacy Notice

Under the *Data Provision Requirements 2012*, **The Ipswich State High School** required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by **The Ipswich State High School** for statistical, administrative, regulatory and research purposes. **The Ipswich State High School** may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).



# THE IPSWICH STATE HIGH SCHOOL

## ONLINE SERVICES CONSENT FORM

Dear Parent/Caregiver

### Introduction to the Online Services Consent Form for The Ipswich State High School

Our school uses tools and resources to support student learning, including third party (non-departmental) online services hosted and managed outside of the Department of Education network.

Online services, including websites, web applications, and mobile applications, are delivered over the internet or require internet connectivity. Examples may include interactive learning sites and games, online collaboration and communication tools, web-based publishing and design tools, learning management systems, and file storage and collaboration services.

This letter is to inform you about the third party online services used in our school and how your child's information, including personal information and works, may be recorded, used, disclosed, and published to the services (if you provide your consent for this to occur).

The Online Services Consent Form is a record of the consent provided.

### About the online services

After evaluation, the principal has deemed specific third party online services appropriate for school use. These online services are listed on the consent form.

Third party online service providers are external to the school, and the services may be hosted onshore in Australia or offshore outside of Australia. Data that is entered into offshore services may not be subject to Australian privacy laws. When considering whether to provide your consent, we encourage you to read the information provided about each online service, including the *terms of use* and *privacy policy*, which outline how information and works will be used and under what circumstances they may be shared.

### *Student information*

The consent collected by the form covers both student personal information (e.g. name, date of birth) and school-based information (e.g., student username, email, year level) as outlined on the form.

Where permitted by the service provider, de-identified information will be used and/or efforts will be made to limit the amount of personal information disclosed and stored within online services (e.g., when registering accounts, only mandatory information will be disclosed).

### *Student works*

Works might include materials such as student projects, assignments, portfolios, images, video or audio. Where student works will be created within, stored or published to the online service (in some cases, published information or works will be viewable by the public), this will be indicated in 'additional consent requirements' in Section 5 of the Online Services Consent Form.

### *Parent information*

Where your personal information (e.g. parent email, name, contact details) will be disclosed to the online service, this will be indicated in the 'additional consent requirements' in Section 5 of the Online Services Consent Form.



# THE IPSWICH STATE HIGH SCHOOL

## Purpose of the consent

Third party online services are used for various purposes. The purpose of use for each service is outlined in Section 5 of the Online Services Consent Form. For example, teachers may use online services with students to support curriculum delivery, complete learning activities and assessment, facilitate class collaboration, and create and publish class work (e.g. projects, assignments, portfolios).

The Online Services Consent Form records your consent for your child to register accounts, use, and, where specified, publish their work to these services. The form also collects your consent for school staff to collect, store, and transmit information to online services in order to manage school operations and communicate with parents and students.

It should be noted that, in some instances, the school may be required or authorised by the *Education (General Provisions) Act 2006* (Qld) or by law to record, use or disclose the student's personal information or materials without consent.

## Voluntary consent provision

It is not compulsory to provide consent. If your consent is not given, this will not adversely affect any learning opportunities provided by the school to your child.

## Consent may be limited or withdrawn

You can withdraw your consent at any time by notifying the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

You may also limit your consent by providing consent for some, but not all, online services listed on the form.

Requests to limit consent in relation to how the 'Information covered by this consent form' and the 'Approved purpose' (Section 2 and 3 of the form) are applied to a specific service, will be treated as "do not consent", as the school cannot guarantee correct implementation of individual requests.

Due to the nature of the internet, it may not be possible for all copies of information (including images and student works that have already been disclosed or published) to be deleted or restricted from use if you request it. The school may remove content that is under its direct control, however, information and works that have already been disclosed and published cannot be deleted, and the school is under no obligation to communicate changes to your child's consent circumstances to online service providers.

## Duration of consent

The consent applies for the period of time specified on the form. You may review and update your consent at any time by notifying the school in writing (by email or letter).

There may be circumstances where the school issues a new consent form to seek additional consent e.g. in the event that new online services are identified for use.

## Who to contact

To return the form, express a limited consent, withdraw consent or ask questions regarding consent, please contact Administration on 3813 4488 or [office@ipswichshs.eq.edu.au](mailto:office@ipswichshs.eq.edu.au).



# THE IPSWICH STATE HIGH SCHOOL

## Online Services Consent Form

### Privacy Notice

The Department of Education is collecting the personal information on this form in order to obtain consent regarding the use of online services. This information and completed form will be stored securely. Personal information collected on this form may also be used by or disclosed to third parties by the Department where authorised or required by law. 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 your student's school in the first instance.

### This form is to be completed by:

- **Parent/carer\*;**
- **Student over 18 years; or**
- **Student with independent status.**

(\*Note: Where a student who is under 18 years is able to consent, they may also provide consent in addition to the parent.)

### 1. IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES

a) **Full name of student** \_\_\_\_\_

### 2. INFORMATION COVERED BY THIS CONSENT FORM

a) The consent collected by the form covers the following student personal information(identifying attributes):

- Student name (first name and/or last name)
- Sex/Gender
- Date of Birth, age, year of birth

**AND** the following school-based information (generally, non-identifying attributes\*):

- Student school username
- Student school email
- Student ID number
- School
- Year Group
- Class
- Teacher
- Country

\*In cases where registration and/or use requires a combination of school-based information (non-identifying) and personal information, or a combination of school-based information, the school-based information may become identifiable.

b) I acknowledge that an online service may record, use, disclose and/or publish student works, parent information or additional student information (such as photographs of students), not listed above (Section 2a. Examples may include:

- Student assessment
- Student projects, assignment, portfolios
- Student image, video, and/or audio recording
- Sensitive information (e.g., medical, wellbeing)
- Name and/or contact details (e.g. email, mobile phone number) of student's parent

### 3. APPROVED PURPOSE

This form records your consent for the recording, use, disclosure and publication of the information listed in item 2 above, and any information or student works listed under the 'additional consent requirements', and to transfer this information and works within Australia and outside of Australia (in the case of offshore services) to the online service providers for the following purposes:

- For your child to register an account for the online services





# THE IPSWICH STATE HIGH SCHOOL

- For your child to use the online services in accordance with each service's *terms of use* and *privacy policy* (including service provider use of the information in accordance with their *terms of use* and *privacy policy*)
- For the school to:
- administer and plan for the provision of appropriate education, training and support services to students,
- assist the school and departmental staff to manage school operations and communicate with parents and students.

#### 4. **TIMEFRAME FOR CONSENT**

The consent granted by this form is for the duration of the student's current phase of learning (i.e. Years 7 to 12). Consent is obtained upon enrolment and continues for the term of enrolment.

#### 5. **CONSENT FOR ONLINE SERVICES**

For each online service listed below, please indicate your choice to **give consent** or **not give consent** for the information outlined in Section 2 to be disclosed to the online service in accordance with the purpose outlined in Section 3, and for the timeframe specified in Section 4.

Adobe CC Suite, Australian Taxation Office (ATO), Cambridge Online, Canva, Canvas, Coolmath Games Crytek, Daymap, Digital Solutions Online, Education Perfect, Esri Arcgis, Explain Everything, Fakebook, Flipgrid, Google My Maps, Jacplus, Kahoot, Khan Academy, Mathletics, Maths Online, Minecraft, Moodle, My QCE, Nearpod, Nelson Online, Onguard, Oxford Digital, Oxford Online, Padlet, Pearson Online, Plickers, QCAA Student Portal, Quizlet, Roland Versa Works, Scratch, Slide Shark, Socrative, Stile, Stymie, Teachermade, TinkerCad (Autodesk), Unity, Usi, Vivo, Wix



☐

I give  
consent

☐

I do not  
give  
consent

The services outlined above in Section 5 will be updated by The Ipswich State High School ("the School") and will be published on the School's website each Semester and can be located at <https://ipswichshs.eq.edu.au/>.



# THE IPSWICH STATE HIGH SCHOOL

## 6. CONSENT AND AGREEMENT

Person giving consent – I am (tick the applicable box):

- ☐ parent/carer of the person identified in Section 1
- ☐ the person identified in Section 1 (if student is over 18 years or has independent status)

*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 for the information outlined in Section 2 and any additional consent requirements outlined in Section 5 to be disclosed to the online services in accordance with the purpose outlined in Section 3 and for the timeframe specified in Section 4.*

Print name of student: \_\_\_\_\_

Print name of consentor: \_\_\_\_\_

Signature or mark of \_\_\_\_\_

**SIGN HERE**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature or mark of student\*: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*Where a student who is under 18 years is able to consent, they may also provide consent in addition to the parent*

### **SPECIAL CIRCUMSTANCES**

The section below must be completed, if the form is:

- A) required to be read aloud (whether in English or in an alternative language or dialect) to the person giving consent and/or:
- B) when the person giving consent is an independent student under the age of 18.

#### **→ WITNESS - for consent from an independent student or where the explanatory letter and the form were read**

*I have witnessed the signature or mark of an independent student, or the accurate reading of the explanatory letter and the Online Services Consent Form was completed in accordance with the instruction of the person giving consent. The person giving consent has had the opportunity to ask questions. I confirm that the person giving consent have given consent freely and I submit 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 aloud the explanatory letter and the Online Services Consent Form to the person giving consent, and to the best of my ability made sure that the person understands that the following will be done:*

- The identified information will be used in accordance with the Online Services Consent Form
- The school will cease using the information from the date that the school receives a written withdrawal of consent.

*I confirm that the person giving consent was given an opportunity to ask questions about the explanatory letter and Online Services Consent Form, and all questions asked by the person giving consent have been answered correctly and to the best of my ability. I confirm that the person giving consent 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 person giving consent.*

Print name and role of person taking the consent: \_\_\_\_\_

Signature of person taking the consent: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# THE IPSWICH STATE HIGH SCHOOL

## COMMUNICATION

### Contact regarding individual matters

Parents are encouraged to contact teachers or the school directly if they have any special concerns which may affect their student at school. Staff emails are available on the [website](#) or phone the school office on 3813 4 88 to be directed to the relevant member of the Administration, Head of Department, Student Wellbeing Officers, Classroom teacher or Support Staff including the Guidance Officer, Chaplain or School Nurse or School GP.

Because our school is a very busy organization, it is not always possible to have immediate contact with teachers. This is why we have a range of support staff in our school to assist. ALL initial contact with teachers should flow through the school office (07 3813 4488) or [office@ipswichshs.eq.edu.au](mailto:office@ipswichshs.eq.edu.au). Please do not walk into the school to find a teacher (or student) our school signs require you to go to the school office. Our Office Staff, Teachers or Support Staff will respond to your needs or questions as soon as possible.

Important home contact directly from school may occur via:

- Phone contact to home or parent's work place
- Teacher or Administration notes in the Student Diary
- Letter sent home with the student or via Australia Post
- Emails

### Contact regarding whole school community matters

Regular newsletters are important to our Home/School communication.

#### **School Newsletter**

The School publishes a fortnightly newsletter which is emailed home every second Friday to provide information about upcoming and latest events. This is our most important way of linking home and school.

The newsletter is provided through our newsletter provider, Schoolzine, which is an external database provider. **Parent/carers will be automatically added to the Schoolzine subscription unless you notify us below that you do not want to be added.**

#### **SMS**

#### **Facebook and Instagram**

Name of Parent/Carer:.....

☐

I do not want to be registered for Schoolzine.



# THE IPSWICH STATE HIGH SCHOOL

## PARENTAL INVOLVEMENT FORM

The Ipswich State High School strongly encourages parent/guardians to be involved in the school. It is highly beneficial to students and the school (and often benefits the parent/guardians directly also). Please give serious thought to becoming actively involved in any of the following ways.

Parent/Guardian Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please print clearly*

Some areas of the school you might like to be involved in (tick the boxes):

☐

Tuckshop

☐

International Student's Homestay

☐

P & C Committee

☐

Billeting of students (such as Japanese and sporting groups)

☐

Mentoring – providing support for students in fields such as Business, IT and/or Hospitality

I/We have the following skills/hobbies/knowledge which the school may find useful:

---

---

---

---

☐

I am sorry, but I am not able to assist at this time.

---



# THE IPSWICH STATE HIGH SCHOOL

## CONSENT TO SHARE STUDENT PERSONAL INFORMATION WITH THIRD PARTIES

Dear Parent/Carer

### Introduction to Consent Form (attached) to share student personal information with third parties

This letter explains why we are seeking your consent to share your child's personal information and informs you about how we will use, record information received and disclose your child's personal information and materials with third party (non-departmental) individuals and organisations. 'Disclose' means giving personal information to another person or entity, or giving them access to the information. This letter outlines:

- what information we use, collect, record and disclose; and
- where and how we will use the materials.

Examples of personal information, which may be used, recorded and disclosed (subject to consent):

- the student's first and last name;
- date of birth and/or age;
- name of their school;
- year level;
- school records;
- observations about the student's behaviours and classroom interactions
- difficulties or progress;
- academic performance;
- health/medical/therapy reports and assessments; and
- any other information relevant to the stated purpose.

The specific personal information and materials to be covered by the consent are listed in the consent form.

### Purpose of the Consent

The Department of Education, including schools and regional offices (department), needs consent in writing before it uses, records or discloses information, or materials, with third party (non-departmental) individuals and organisations. The purpose/s are described in the consent form. The attached form is a record of the consent provided.

### Voluntary

It is your choice whether to give consent.

### How long this consent will be in place

The consent form states the duration of your consent. You can withdraw/limit your consent at any time.

We may ask for a new consent form from you if we later identify other third parties, additional personal information, or different purposes that need your consent but are not covered by this consent form.



# THE IPSWICH STATE HIGH SCHOOL

## **Consent may be withdrawn or limited**

You can withdraw your consent at any time. You can also limit consent; i.e. you may wish to limit:

- the information that you agree to be used, collected, recorded or disclosed;
- the proposed purpose/s for which the information is being collected, recorded or disclosed; or
- who that information will be collected, recorded or disclosed with.

If you wish to limit or withdraw consent please notify the departmental contact (specified below) in writing (by email or letter). If you provide an address the contact will confirm the receipt of your request.

## **Who to contact**

To return a consent form, express a limited consent or withdraw consent please contact [insert school/departmental contact name, role, number and email address].

Contact Administration on 07 3813 4488 or [office@ipswichshs.eq.edu.au](mailto:office@ipswichshs.eq.edu.au) if you have any questions regarding consent.





# THE IPSWICH STATE HIGH SCHOOL

## Consent form to share student personal information with third parties

This consent form allows the Department of Education, including school and regional staff (department), to communicate with the third parties listed below, including disclosing personal information to and recording personal information received from, those third parties. It authorises the third parties to disclose the personal information and materials (listed below) to the department. Information that is shared will be limited to that listed on this form. Information may be written or spoken.

Parent/carer to complete for students under 18 year of age. Independent students may complete on their own behalf and if under 18 years of age, a witness is required.

<b>This consent is for:</b>			
<b>Student's name</b>		<b>Date of birth</b>	
<b>State school name</b>			

**I consent to the following personal information and/or materials of the student being used, recorded, collected and/or disclosed:**

Student's materials, and student's first and last name, date of birth, age, school name, year level as well as other personal information as outlined below:

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**Between department staff and the following third party individuals and/or organisations:**

(for example: where possible please identify the name of the individual AND their organisation/medical practice/business; the name of the government agency; or the name or description of health practitioner or provider such as a medical specialist; psychologist; therapist etc)

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**To be used for the following approved purpose/s only:**

(for example: to discuss support strategies; to discuss personal care requirements)

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# THE IPSWICH STATE HIGH SCHOOL

## Timeframe for consent:

Consent applies until \_\_\_\_\_ but not longer than 12 months or until you decide to limit or withdraw consent in writing.

## Consent and agreement

I am (tick the applicable box):

☐ parent/carer of the identified student ☐ the student (if a mature/independent student\*)

*\*Please note - If this box is checked, Department staff should check the student record for documentation of any decision about Gillick competence of the consenting student.*

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 Department of Education, including school and regional staff (department) recording, using and/or disclosing the personal information and materials to the third parties identified in this Consent Form; and
- authorise those third parties to disclose the personal information and materials to the department for the purposes and durations specified (above) on this Consent Form.

I understand and acknowledge that the personal information and materials will only be accessed by appropriately authorised department staff and disclosed or shared with third parties to which I have provided consent, unless required by law.

Print name of student:

Print name of parent/carer:

Parent/carer signature: .....

SIGN HERE

Date

Student mark or signature (if applicable): .....

SIGN HERE

Date



# THE IPSWICH STATE HIGH SCHOOL

## **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 consentor is an independent student and under 18 years of age the section below must be completed.

### **Statement by person witnessing consent from an independent student**

I have witnessed the mark or signature of an independent student on the consent form. The student has had the opportunity to ask questions. I believe that the student has given consent freely and understands the effect and implications of giving consent.

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 consent form to the potential consentor, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified personal information and materials will be used in accordance with the consent form
2. in accordance with procedures the department will cease using the identified personal information and materials from the date the department receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and consent form, and all the questions asked by the consentor 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 consentor.

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

Signature of person taking the consent .....

Date .....

### **Privacy notice**

The Department of Education (the department) is collecting the personal information on this form in order to obtain consent for department staff (including school and regional staff) to use, record and disclose that personal information. The information will be used, recorded and disclosed by authorised department employees for the purposes outlined on the form. Also personal information may be used or disclosed to third parties as authorised in this form or where authorised or required by law. This 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 department contact in the first instance.



# THE IPSWICH STATE HIGH SCHOOL

## CENTREPAY AUTHORITY CONSENT FORM

### Your Details

Family Name

Given Name(s)

Your date of birth

Phone Number

	/		/		(		)
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Your Centrelink Reference Number

			-				-				-	
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I authorise the Department of Human Services to make a Deduction of \$\_\_\_\_\_each fortnight from my\_\_\_\_\_Centrelink Payment and pay this amount to Ipswich State High School, Business CRN 555-068-675-T, being for the payment School Education Fees as listed below.

The deduction is to commence on the **next available payment**

☐

OR from\_\_\_\_/\_\_\_\_/\_\_\_\_.

Amount will be split evenly between nominated students unless you advise Ipswich State High School otherwise.

Student Name\_\_\_\_\_Year\_\_\_\_\_

Student Name\_\_\_\_\_Year\_\_\_\_\_

Student Name\_\_\_\_\_Year\_\_\_\_\_

Student Name\_\_\_\_\_Year\_\_\_\_\_

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### OFFICE USE ONLY

Entered in Department Human Services Centrelink Deductions Online by

\_\_\_\_\_on\_\_\_\_/\_\_\_\_/\_\_\_\_.



# THE IPSWICH STATE HIGH SCHOOL

## Deduction Options

### Option 1 – Setting up a Target Amount

☐

I request that this Deduction continue until the target amount of \$\_\_\_\_\_ is reached.

### Option 2 – Setting up an End Date

☐

I request that this deduction continue until the following date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ is reached.

### Option 3 – Deduction amount to be Ongoing

☐

I confirm that this deduction has no target amount and no end date until I choose to suspend the deductions or advise **Ipswich State High School** to suspend the deductions.

I give permission for **Ipswich State High School** to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I also give permission for **Ipswich State High School** to give the Department of Human Services my correct account and billing number if required.

### **I understand that:**

I can change or cancel my Deduction at any time, and further information about Centrepay can be found online at - [humanservices.gov.au/centrepay](https://humanservices.gov.au/centrepay).

I will endeavour to inform Ipswich State High School immediately of any changes or cancellations that I make to my Deductions.

Customer Signature: \_\_\_\_\_

**SIGN HERE**

Date: \_\_\_\_\_