



THE **IPSWICH**
State High School

ENROLMENT APPLICATION FORM

Your Future – Right Here, Right Now





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)	
In Catchment Application - QKR Receipt for payment of \$100 (one term instalment) Out of Catchment - QKR Receipt for non-refundable payment of \$30 Out of Catchment Application 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)	
If in catchment evidence of residential address of legal guardian (please provide two of these – one must be a Primary Source):	
▪ One copy of a Primary proof of residential address - Rates Notice and rental bond authority receipt, Lease Agreement or copy of unconditional Sale Agreement	
▪ One copy of a secondary proof of residential address – copy of utility bill (ie electricity, gas, phone) etc	
Students living with a relative or other person within catchment: In addition to the documents listed above, students living with a relative/other person within catchment must provide the following:	
▪ 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 within catchment and documentation evidencing proof of residence.	
Forms in this booklet completed and signed:	
▪ Enrolment Agreement	
▪ Communication	
▪ Parent Involvement form	
▪ Bpoint Payment Form	
▪ SRS Centrepay Deduction Authority Form (if applicable)	
▪ Consent to Share Personal Information with Third Parties	
▪ 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).	
▪ IF YOUR STUDENT REQUIRES TO TAKE MEDICATION AT SCHOOL – YOU WILL NEED TO SPEAK TO OUR FIRST AID OFFICER AND COMPLETE MEDICATION CONSENT FORMS	



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

In Catchment Enrolments: 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.

Out of Catchment Enrolments: If you are applying for Out of Catchment enrolment you must pay the non-refundable Out of Catchment Application Fee of \$30 before your application will be processed. If the Out of Catchment Application is accepted by the Principal, you will be required to complete an Application to Enrol and provide all documentation as listed in the Enrolment Checklist including a receipt for payment of the \$100 first term fee instalment. Please do not pay the \$100 first term fee until you have been advised by the school that your Out of Catchment Application has been accepted.

Incomplete applications (including non-payment of fees) will not be processed.

All payments can be paid via the QKR app. An information sheet for the QKR app is located in the Information Guide.

Please do not hesitate to contact us on 3813 4461 or at enrolments@ipswichshs.eq.edu.au if you have any queries regarding the enrolment application or process.



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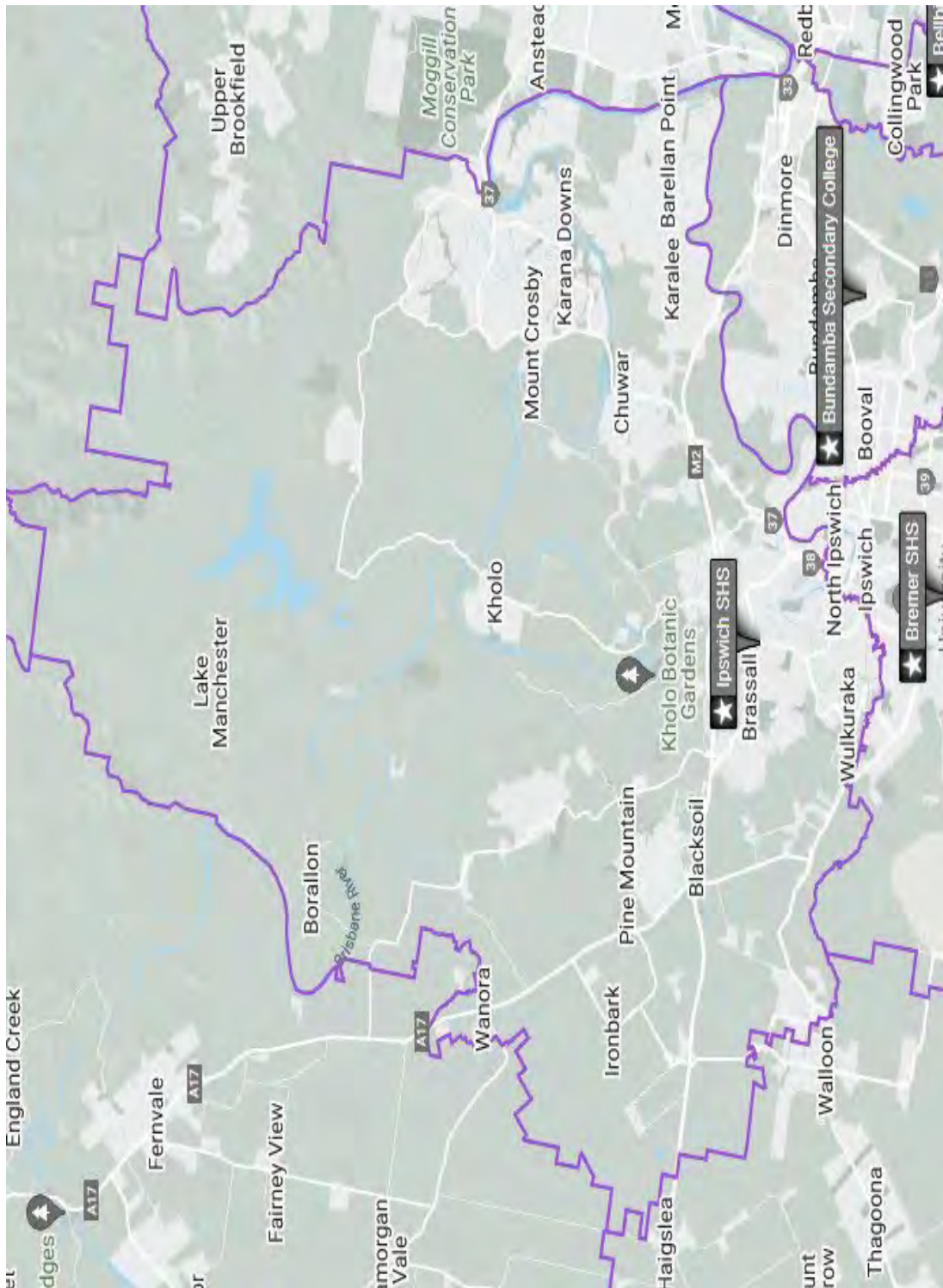
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These agreements remain current for the period of the student's enrolment. Any changes to these agreements will require a written request to the Principal.



THE IPSWICH STATE HIGH SCHOOL

The Ipswich State High School – Catchment Map 2022 This PDF is an uncontrolled document published as of 20.10.2022. 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. 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.**

2025 Enrolments - You will receive an invitation to attend an Enrolment Information Session

2025 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. 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 \$30 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

Please note siblings of out-of-catchment students who have enrolled in the schools Program of Excellence are not automatically entitled to enrol and they will be assessed as per the out-of-catchment criteria. If families are wishing to enrol siblings of students applying under a Program of Excellence should make their request for **all** students at the time of lodging their application.

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:

- i. assessing whether your application for enrolment should be approved
- ii. meeting reporting obligations required by law or under Federal – State Government funding arrangements
- iii. administering and planning for providing appropriate education, training and support services to students
- iv. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
- v. communicating with students and parents.

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

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

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the school in the first instance. If you have 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*	Male <input type="checkbox"/> Female <input type="checkbox"/>	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"> • current driver's licence; or • adult proof of age card; or • current passport. 	

APPLICATION DETAILS

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

INDIGENOUS STATUS

Is the prospective student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
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FAMILY DETAILS

Parents/carers	Parent/carer 1	Parent/carer 2
Family name*		
Given names*		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 st Phone contact number*	Work/home/mobile	Work/home/mobile
2 nd Phone contact number*	Work/home/mobile	Work/home/mobile
3 rd Phone contact number*	Work/home/mobile	Work/home/mobile
Email		
Occupation		
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		
Country of birth		
Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
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 _____

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*

<p>From Year 1, the prospective student may participate in religious instruction if it is available.</p> <p>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.</p> <p>Parents/carers may change these arrangements at any time by notifying the principal in writing.</p>	<p>Do you want the prospective student to participate in religious instruction?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If 'Yes', please nominate the religion:</p>

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 st phone contact number*	Work/home/mobile	Work/home/mobile
2 nd phone contact number*	Work/home/mobile	Work/home/mobile
3 rd 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 <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date <u> </u> / <u> </u> / <u> </u>
	End date <u> </u> / <u> </u> / <u> </u>

Other Court Orders*

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date <u> </u> / <u> </u> / <u> </u>
	End date <u> </u> / <u> </u> / <u> </u>

APPLICATION TO ENROL*

I hereby apply to enrol my child or myself at _____.

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

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

Office use only

Enrolment decision	Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing) If no, indicate reason: <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	<u> </u> / <u> </u> / <u> </u>	Year level	Roll Class	EQ ID		
Independent student	<input type="checkbox"/> Yes <input type="checkbox"/> No		Birth certificate/passport sighted, number recorded and DOB confirmed		<input type="checkbox"/> Yes <input type="checkbox"/> No Number:	
Is the prospective student over 18 years of age at the time of enrolment?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the prospective student exempt from the mature age student process?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, has the prospective mature age student consented to a criminal history check?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
School house/team	EAL/D support			<input type="checkbox"/> Yes <input type="checkbox"/> No <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/carers 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 - Thalassemia
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"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Glasses only	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Has the student received learning support in the past?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>		
<i>Has the student received support from a Special Education Program?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>		
<i>Has the student received speech language support in the past?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Details</i>		
<i>Does the student have English as a second language?</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 gifted & talented?</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 Department of Child Safety - DOCS? 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 support of the student?</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: / / _
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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

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

Privacy Notice

Under the *Data Provision Requirements 2012*, **The Ipswich State High School** is 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).



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 4488 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, School Psychologist, 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. 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
- P & C Committee
- Mentoring – providing support for students in fields such as Business, IT and/or Hospitality
- International Student's Homestay
- Billeting of students for Japanese short-term study tours

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 Enrolments at enrolments@ipswichshs.eq.edu.au.

Contact Administration on 07 3813 4488 or 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.

This consent is for:			
Student's name		Date of birth	
State school name	The Ipswich State High School		

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:

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)

To be used for the following approved purpose/s only:
(for example: to discuss support strategies; to discuss personal care requirements)

TO OBTAIN STUDENT TRANSFER NOTE AND REPORT FROM STUDENT'S PREVIOUS SCHOOL OF EDUCATIONAL FACILITY/ORGANISATION INCLUDING, BUT NOT LIMITED TO, ACADEMIC RESULTS, ATTENDANCE, SUPPORT PLANS AND BEHAVIOUR REPORTS



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


Parent/Guardian Name


Student/s Name	Student Resource Scheme	Subjects Tick if to be included
	✓	
	✓	
	✓	
	✓	
	✓	

PLEASE READ AND TICK EACH BOX THAT YOU AGREE TO THE CONDITIONS

- 1. Payment Plans can be used for Student Resource Scheme and Specialist Subject fees.
- 2. When adding additional children/subjects, the finance department will contact you to discuss the deduction amount.
- 3. Payments will be applied first to the oldest unpaid Student Resource Scheme & Specialist Subject fee invoices.
- 4. If funds are available, invoices will be paid prior to the due date.
- 5. If your child/children are choosing subjects with a cost, payment is required in full by the end of term one.
- 6. If a student's account is in credit, it can be used for uniform purchases and extra-curricular activities.

PART A. Start a Deduction – choose either BPoint OR Centrepay

BPoint 	
Deduction Amount	
Start Date	
Frequency	
School CRN	
Invoice Number	

Centrepay 	
Centrelink Reference Number	_ _ _ - _ _ _ - _ _ _ _ _
Type of payment you receive	(eg Newstart, Family Tax Benefit, Pension)
Your date of birth	
Deduction Amount	
Start Date	

Authorisation – please read, sign and date (MUST be completed)

I authorise Services Australia to make a deduction each fortnight from my benefit and pay this amount to Ipswich State High School.

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

I understand that:

I can change or cancel the Deduction at any time by contacting Ipswich State High School or Services Australia at servicesaustralia.gov.au/centrepay

My Deduction Authority consent will be noted on my account record with Ipswich State High School.

If I cease to be a customer of Ipswich SHS, I will need to advise Services Australia to stop my Deduction. In the event this does not happen, Ipswich State High School may instruct Services Australia to stop the deduction.

Parent Signature	Date

PART B. Change or cancel a current deduction

Change deduction amount	New amount \$
Temporarily stop payments	Restart date ____/____/____
Cancel plan	Stop date ____/____/____

OFFICE USE ONLY

Parent contacted and instructions to apply deductions: _____

Staff

Signature:

Date: