



# 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.

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:					
Does not meet School EMP or Enrolment Eligibility Plan requirements					
Prospective student is mature age and school is not a mature age state school					
Does not meet Prep age eligibility requirement					
Prospective student is subject to suspension from a state school at the time of enrolment application					
Does not meet requirements for enrolment in a state special school					
Does not have an approved flexible arrangement with the school					
School does not offer year level prospective student is seeking to be enrolled in					
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?		<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	Associated unit		EAL/D support	<input type="checkbox"/> Yes <input type="checkbox"/> No 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	

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*	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>	

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide name of sibling, year level, date of birth, and school	Name:	
			Year Level	
			Date of birth	____/____/____
			School	

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

FAMILY DETAILS		
Parents/carers	Parent/carer 1	Parent/carer 2
Family name*		
Given names*		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to prospective student*		
Is the parent/carer an emergency contact? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 <sup>st</sup> Phone contact number*	Work/home/mobile	Work/home/mobile
2 <sup>nd</sup> Phone contact number*	Work/home/mobile	Work/home/mobile
3 <sup>rd</sup> Phone contact number*	Work/home/mobile	Work/home/mobile
Email		
Occupation		
What is the occupation group of the parent/carer?	<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	Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent/carer an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent/carer a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

PROSPECTIVE STUDENT LANGUAGE DETAILS	
Does the prospective student speak a language other than English at home?	<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\***

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes', please nominate the religion:  

**PROSPECTIVE STUDENT ADDRESS DETAILS\***

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

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

	Emergency contact	Emergency contact
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 MILPERA STATE HIGH SCHOOL

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			

**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.

**Pre-Migration Experience and Settlement Information** (e.g. family history, missing parents, etc.)


**Ethnicity** (Which cultural background does the family identify with?)**Overseas Educational background**

Education type	Age at start	Duration		Country
		Years	Months	
<b>Date of last attendance at Overseas School</b>				
<b>Notes about prior schooling</b>				
<ul style="list-style-type: none"> <li>• dates and reasons for interruption</li> <li>• type and language of schooling</li> </ul>				
<b>Other factors with bearing on Education in Australia</b>				
<ul style="list-style-type: none"> <li>• Abilities and Interests</li> <li>• Strengths and difficulties</li> </ul>				

**English Language Education background**

<b>English as a Language of Instruction</b>	Years	months		
<b>English Lessons</b>	Years	months	hours/week	
<b>Scripts used by student</b>	Roman Script		Other	
<b>English Bandscales on arrival</b>	Listening		Speaking	
	Reading		Writing	

**eLearning background**

Prior eLearning		Yes	No		Yes	No
		Can Word Process				Can manage digital photos
Can use Internet			Can play electronic games			
Can use chat groups			Can use search engines			
<b>Current / Expected eLearning</b>	Computer at home			Home internet connection		

**Dependents of school age or younger living at same address**

Relationship to student	Family Name	Given Names	Country of Birth	Date of birth	School (if applicable)

**Milpera Placement**

<b>Date of Entry</b>				<b>Pre Visa</b>	
<b>Class Level</b>		<b>Room Number</b>		<b>Visa granted</b>	

**This Page is for Enrolment Officer and Office Use Only**

<b>SUMMARY OF PERMISSIONS AND AGREEMENTS *</b>				
		<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>
2	<b>Student Computer Agreement</b>			
3	<b>Computer &amp; General Internet Use Permission</b>			
4	<b>Short Excursion Permission</b>			
5	<b>Railway Safety Excursion Permission</b>			
6	<b>Water Safety Classes Permission</b>			
7	<b>Gym Use Permission</b>			
8	<b>Student Gym Use Agreement</b>			
9	<b>HEAL Wellbeing Program Permission</b>			
10	<b>HEAL Graduate Program Permission</b>			
11	<b>Esson Dental Service Permissions</b>			
12	<b>Text Book Scheme Participation Agreement</b>			
13	<b>School Resources Scheme Agreement</b>			
14	<b>Media /photo Permission (State School Consent Form)</b>			
15	<b>Online Services Consent</b>			
	<b>School Transport Application signed</b>			
	Parent has verbally agreed to <b>P&amp;C Voluntary Contribution</b> as outlined on Page 10 of <b>Background Information to Parental Permissions</b>			

\* Permissions and agreements given at enrolment interview and documented in Parent Permission Pack in Student's File

<b>MEDICAL ALERT CHECKLIST for Magdalena PazMORALES VALLEJOS</b>		
	<b>YES</b>	<b>Details</b>
Learning Difficulty		
Disability		
Medical Condition	Vision	
	Hearing	
	Asthma	
	Other	
Medication taken at school		
Serious Illness		
Allergies		
Physical Difficulties		
Previous Illness		
Other		

<b>Enrolment Interview conducted by:</b>		<b>Date:</b>	
<b>Entered on One School by:</b>		<b>Date:</b>	