

RACEVIEW STATE SCHOOL ENROLMENT APPLICATION

First Name: _____ Last Name: _____

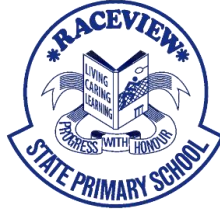
EQ ID: _____ Year Level: _____

Checklist - The following forms will need to be signed OR sighted

- ☐ Application for Student Enrolment
- ☐ Enrolment Agreement
- ☐ Online Services Consent form
- ☐ State School Consent form
- ☐ Student Resource Scheme
- ☐ Original Birth Certificate or Passport (*sighted*)
- 2x Proof of residential address; ie recent Rates, Utilities Bill, Rental Agreement (*photocopy*)

If applicable

- ☐ Request to Administer Medication at School
- ☐ Custody Order
- ☐ Visa (*if child born overseas*)



WELCOME

Congratulations on choosing Raceview State School for your child's education. I know that you and your child will find your time at Raceview rewarding and highly successful.

Our school has a strong family tradition, a proud record of academic, sporting and cultural achievements and an ongoing commitment to excellence.

Parental support is a vital element of any school's identity, and we are fortunate to enjoy a strong and close working relationship with the community. Parent assistance and involvement is welcomed. We encourage families to be involved in our school, events and activities.

This is our school, exceptional staff, wonderful students, dedicated families and a supportive community.

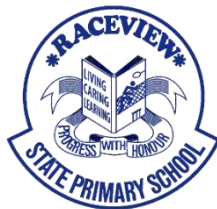
Vicki Hyne

Principal

Respectful

Resilient

Ready to Learn



RACEVIEW STATE SCHOOL

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*	<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	<small>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.</small>	
For prospective mature age students, proof of identity supplied and copied*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>Prospective mature age students must provide photographic identification which proves their identity:</small> <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

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 _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ 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?

☐ 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 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	/ /
	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?	<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	/ /
	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?		<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/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, Mitrofan off, 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.



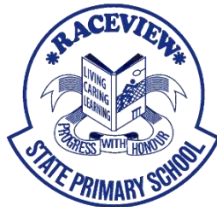
MEDICAL CONDITIONS

MEDICAL CONDITION DETAILS (complete as appropriate and provide details/reports /plans with application)							
Medical Condition identified in Enrolment – please complete where applicable.	Diagnosed		Self-Managed (Yes: Complete Section B – Consent to Administer Medication)	Action Plan Required	Action Plan/Medical Authority Submitted		
➤ Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Epilepsy	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Diabetes (Type - _____)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ ADHD	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Cystic Fibrosis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Other (please state)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
➤ Medication required to be administered at school	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please complete the following forms with medical approval: <input type="checkbox"/> Consent to administer medication or <input type="checkbox"/> Medication order to administer 'as needed' medication <input type="checkbox"/> Consent Form Share Student Personal Information third parties				
Medical Condition Management							
Details of Asthma Management:							
Details of Allergies (Types):							
Details of Anaphylaxis Management:							
Details of Epilepsy Management:							
Details of Diabetes Management:							
Details of Cystic Fibrosis Management:							
Details of ADHD Management:							
Details of Other Management:							
MEDICAL PROFESSIONALS – Has your student seen any of the following?							
	Contact Name				Phone Number		
<input type="checkbox"/> GP							
<input type="checkbox"/> Paediatrician							
<input type="checkbox"/> Psychologist							
<input type="checkbox"/> Specialist of Field							
Other (please specify)							



STUDENT SUPPORT

STUDENT SUPPORT DETAILS (complete as appropriate and provide details/reports with application)					
Has the student been identified with any of the following:		Diagnosed		Report/Document	
➤ Hearing Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the student received learning support in the past?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Has the student received support from a Special Education Program ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Does the student have English as a Second Language or EAL/D ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Has the student received speech language support in the past?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Has the student been identified as gifted & talented ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Has your student experienced behavioural incidents during their time at school?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Is the student in the care of Department of Child Safety -DOCS ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Are there any court orders or legal matters relating to the student?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
Any other relevant information in relation to the support of the student ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Details					
RECENT TESTS					
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 Number			
<input type="checkbox"/> Guidance Officer					
<input type="checkbox"/> Speech Language Pathologist					
<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)					



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 Raceview State School.

Responsibility of student to:

- attend school on every school day for the educational program in which they are enrolled, on time, ready to learn and take part in school activities
- act at all times with respect and show tolerance towards other students and staff
- work hard and comply with requests or directions from the teacher and principal
- abide by school rules/expectations as outlined in the Student Code of Conduct, including not bringing items to school which could be considered as weapons (e.g. dangerous items such as knives)
- meet homework requirements and wear school's uniform (if applicable)
- respect the school property.

Responsibility of parents/carers to:

- ensure your child attends school on every school day for the educational program in which they are enrolled
- advise the school as soon as possible if your child is unable to attend school and reason/s why (e.g. child is sick)
- attend open meetings for parents/carers
- let the school know if there are any problems that may affect your child's ability to learn
- ensure your child completes homework regularly in keeping with the school's homework policy
- treat all school staff with respect
- support the authority of school staff thereby supporting their efforts to educate your child and assist your child to achieve maturity, self-discipline and self-control
- not allow your child to bring dangerous or inappropriate items to school
- abide by school's instructions regarding access to school grounds before, during and after school hours
- advise principal if your child is in out-of-home care
- keep school informed of any changes to your contact details or your child's details, such as home address, email address and phone number
- ensure the school is aware of any changes to your child's medical details.

Responsibility of school staff to:

- design and implement engaging and flexible learning experiences for individuals and groups of students
- inform parents and carers regularly about how their children are progressing
- design and implement intellectually challenging learning experiences which develop language, literacy and numeracy
- create and maintain safe and supportive learning environments
- support personal development and participation in society for students
- foster positive and productive relationships with families and the community
- inform students, parents and carers about what the teachers aim to teach the students each term
- teach effectively and to set high standards in work and behaviour
- clearly articulate the school's expectations regarding the Student Code of Conduct and the Student Dress Code policy
- ensure that parents and carers are aware that the school does not have personal accident insurance cover for students
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved (for example Program of Chaplaincy Services, sports programs)
- set, mark and monitor homework regularly in keeping with the school's homework policy
- contact parents and carers as soon as possible if the school is concerned about the child's school work, behaviour, attendance or punctuality
- notify parents/carers of an unexplained absence of their child as soon as practicable on the day of the student's absence (allowing time for parents/carers to respond prior to the end of the school day)
- deal with complaints in an open, fair and transparent manner in accordance with departmental policy

- treat students and parents/carers with respect.
 - Student Code of Conduct (can be found on our website <https://raceviewss.eq.edu.au/>)
 - Student Dress Code can be found on our website <https://raceviewss.eq.edu.au/>)
 - Parent and Community Code of Conduct
 - Homework Policy
 - School charges and voluntary contributions
 - Advice for state schools on acceptable use of ICT facilities and devices
 - Absences
 - School excursions
 - Complaints management
 - Religious instruction policy statement
 - Chaplaincy and student welfare worker services – policy statement
 - Department insurance arrangements and accident cover for students
 - Obtaining and managing student and individual consent
 - School instructions for school access

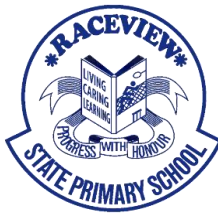
I acknowledge:

- That I have read and understood the responsibilities of the student, parents or carers and the school staff outlined above; and
- That information about the school's current rules, policies, programs and services, as outlined above has been provided and explained to me.

Student Signature:

Parent/Carer Signature:

On behalf of Raceview State School:



ONLINE SERVICES CONSENT FORM INFORMATION

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.

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.

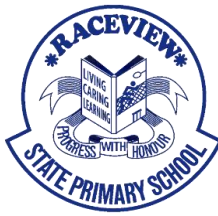
Duration of consent

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 Student Services on 3294 4111 or alternatively email enrolments@raceviewss.eq.edu.au.



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) If an online service records, uses, discloses and/or publishes student works, parent information or additional student information (such as photographs of students), not listed above (Section 2a.), the school will specify it as part of the *additional consent requirements* on the form. Examples may include:

- Student assessment



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- 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
- 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 P-3, 4-6, 7-9 and 10-12). Consent is obtained upon enrolment and renewed when students move into a new phase of learning (e.g. minimum every four years).

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.

Service name:	ACER School Assessments (Australian Council for Educational Research Limited)	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://oars.acer.edu.au/				
Purpose of use:	ACER Online Assessment and Reporting Platform (OARS) provides a suite of educational assessment and reporting tools for schools.				
Terms of use:	https://oars.acer.edu.au/terms-conditions				
Privacy policy:	https://www.acer.org/privacy				
Additional consent is being sought for the following reasons: (as per Section 2b)	<input checked="" type="checkbox"/> Student works are stored and published. <input checked="" type="checkbox"/> The following additional student personal information is disclosed: First name, surname, gender, Date of Birth				
Service name:	Switch 4 Schools	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.switch4schools.com.au/				
Purpose of use:	Switch4Schools is a social and emotional learning tool that measures and builds emotional intelligence, mental health and wellbeing				
Terms of use:	https://www.switch4schools.com.au/terms-and-conditions				
Privacy policy:	https://www.switch4schools.com.au/privacy-policy				
Additional consent is being sought for the following reasons: (as per Section 2b)	N/A				
Service name:	Inquisitive	Data hosting:	Onshore	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Url:	https://www.inquisitive.com/au			I give consent	I do not give consent
Purpose of use:	Inquisitive provides schools with high quality lessons, curriculum resources, planning and assessments. Subjects include Geography, History, Science and Technology, English, Maths, Civics and Citizenship, Economics and Business.				
Terms of use:	https://www.inquisitive.com/au/terms				
Privacy policy:	https://www.inquisitive.com/au/privacy				
Additional consent is being sought for the following reasons: (as per Section 2b)	Student work (online activities)				
Service name:	Track Ed	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.trackedapp.com.au/				
Purpose of use:	Designed specifically for the Queensland educational environment and compatible with OneSchool, TrackEd is trusted by over 200 Queensland State Schools. Contained within your school network, your data is always under your control.				
Terms of use:					
Privacy policy:	https://www.trackedapp.com.au/privacy-policy				
Additional consent is being sought for the following reasons: (as per Section 2b)	N/A			<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Service name:	Class Dojo	Data hosting:	Onshore		
Url:	https://www.classdojo.com/				
Purpose of use:					
Terms of use:	https://www.classdojo.com/en-gb/terms				
Privacy policy:	https://www.classdojo.com/en-gb/privacy			<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Additional consent is being sought for the following reasons: (as per Section 2b)	For student accounts: <ul style="list-style-type: none"> • First name or initial • Surname or initial • Age, month and year of birth, or year of birth • Year level For parents accounts: <ul style="list-style-type: none"> • First name • Surname • Email address 				

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.

Name of student: _____

Parent/Guardian Name: _____

Parent/Guardian

signature: _____

Date: ____/____/____

Signature or mark of

student*: _____

**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.

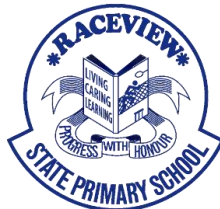
Print name and role of person taking the consent: _____

Signature of person taking the consent: _____

Date: ____/____/____



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STATE SCHOOL CONSENT FORM INFORMATION

Introduction to the State School Consent Form (attached) for Raceview State School

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 (Qld) 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).

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at

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.

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.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qld.gov.au/pp/enrolment-in-state-primary-secondary-and-special-schools-procedure> to ensure you have the most current version of this document.

Date of publication 29/04/2021

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://raceviewss.eq.edu.au/>
- Facebook: <https://www.facebook.com/Raceviewstateschool>
- Other: Seesaw: Mathletics: Reading Eggs: Trak Ed: Win Software: EdVail. Also as per BYOx
- YouTube: N/A
- Instagram: N/A
- Twitter: N/A
- LinkedIn: N/A
- Charter for registered students.
- 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.

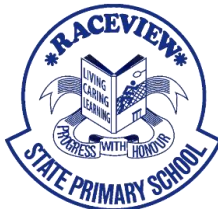
During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact ..
Admin should be contacted if you have any questions regarding consent.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qld.gov.au/pp/enrolment-in-state-primary-secondary-and-special-schools-procedure> to ensure you have the most current version of this document.

Date of publication 29/04/2021



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).

Full name of individual:

Date of birth:

Name of school:

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

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

* Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use a student's name at its discretion. **For school photos Full Name will be used unless a limitation is given in Section 5 below.

2 PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

(a) Personal information that may identify the person in section 1:

- Name (as indicated in section 1)
- Image/photograph
- School name
- Recording (voices and/or video)
- Year level

(b) Materials created by the person in section 1:

- Sound recording
- Artistic work
- Written work
- Video or image
- Software
- Music score
- Dramatic work
-

3 APPROVED PURPOSE

If consent is given in section 6 of the form:

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• The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:

• Any activities engaged in during the ordinary course of the provision of education (including assessment), or other purposes associated with the operation and management of the school or DoE including to publicly celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays. - Promoting the success of the person in section 1, including their academic, sporting or cultural achievements. - Any other activities identified in section 4(b) below.

• The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following: - the school's newsletter and/or website; - social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached); - year books/annuals and school photographs; - promotional/advertising materials; and - presentations and displays.

4 TIMEFRAME FOR CONSENT

School representative to complete.

(a) Timeframe of consent: duration of enrolment.

(b) Further identified activities not listed in the form and letter for the above timeframe: .

5 LIMITATION OF CONSENT

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

6 CONSENT AND AGREEMENT

➤ CONSENTER – I am (tick the applicable box):

- ☐ parent/carer of the identified person in section 1
- ☐ the identified person in section 1 (if a mature/independent student or employee including volunteers)
- ☐ recognised representative for the Indigenous knowledge or culture expressed by the materials

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3.

By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Name of student:

Name of Parent/Guardian:

Signature or Parent/Guardian:

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Date of publication 29/04/2021

Date
Signature or mark of student (if applicable)

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 consent 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 consentor. 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 consentor, 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 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

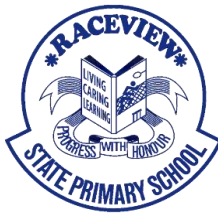
Privacy Notice

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information. The information will be used and disclosed by authorised school employees for the purposes outlined on the form. Student personal information collected on this form may also be used or disclosed to third parties where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal student information on this form or discuss how it has been dealt with, please contact your student's school in the first instance.



Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qld.gov.au/pp/enrolment-in-state-primary-secondary-and-special-schools-procedure> to ensure you have the most current version of this document.

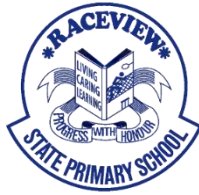
Date of publication 29/04/2021



STUDENT RESOURCES SCHEME

PRICE BREAK DOWN

Requirement list	Type of Resource	Cost to parent		SRS Cost	
Reproduced worksheets; teacher prepared materials that have been differentiated for individual student needs for English and Mathematics:				\$10	
Sound Waves	Used	\$17.95	\$96.30		
Grammar Conventions	Used	\$19.95			
Reading Conventions	Used	\$19.95			
Targeting Maths, Australian Curriculum Edition	Used	\$19.50			
Targeting Handwriting QLD student book	Used	\$18.95			
Reproduced worksheets; teacher prepared materials that have been differentiated for individual student needs for Science, Geography, History and Civics and Citizenship:				\$25	
Science Now	Used	\$21.95	Prep to Year 2: \$ 65.85		
Geography Now	Used	\$21.95			
History Now	Used	\$21.95			
Civics and Citizenship, Australian Curriculum (Year 3 to 6)	Used	\$35.95	Years 3 to 6: \$101.80		
Classroom consumables:				\$25	
Prep to Year 2		\$83.76			
Large Crayola Sidewalk Chalk Colours box/12	Used				\$4.50
PA White Glue 125ml	Used				\$3.98
Paint Crayola Washable box 6	Used				\$11.98
Paint Brushes Reeves 4 pack	Used				\$9.98
Coloured Copy Paper Bright 5 colours ream/250	Used				\$21.98
Food Colouring 4 colours pack	Used				\$3.75
Crème of Tartar	Used				\$3.10
Salt 500g pack	Used				\$1.20
Plain Flour x1kg pack	Used				\$1.15
Clear Sticky Tape 18mm x66m x3	Used				\$8.19
Cartridge Paper A3 White ream/25 pk	Used				\$13.95
Years 3 to Year 6		\$70.88 Year 5 \$77.86			
Coloured Copy Paper Bright 5 colours ream/250	Used				\$21.98
Paint Crayola Washable box 6	Used				\$12.80
Paint Brushes Reeves 4 pack	Used				\$9.98
Clear Sticky Tape 18mm x66m x3	Used				\$8.19
Cartridge Paper A3 White ream/25 pk	Used				\$13.95
PA White Glue 125ml	Used				\$3.98
Terra Cotta clay 500g (Year 5 only)	Used				\$6.98
Opt out Totals		Prep to Year 2: \$243.59		\$60	
		Years 3, 4 and 6: \$260.69			
		Year 5: \$267.67			



STUDENT RESOURCES SCHEME

PARTICIPATION AGREEMENT FORM

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 also 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. For families experiencing financial hardship, please contact the school as soon as possible to discuss options available.

Participation

- ☐ **YES** I wish to participate in the Student Resource Scheme. I have read and understand the Terms and Conditions of the scheme (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	
Form Return Date	
Student Name	
Year Level	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	



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 maybe:
 - 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
<https://ppr.qed.qld.gov.au/pp/debt-management-procedure>

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.



CENTREPAY DEDUCTION AUTHORITY FORM

Raceview State School CRN:

Customer name:

Student name:

CRN Number:

D.O.B:

Deduction amount per fortnight:

Benefit:

Commencement date:

Option: I request that this deduction is ongoing - YES / NO

Option 2: I request that this deduction will continue until the target amount of \$_____ is reached.

Option 3: I request that this deduction is stopped on ____/____/____

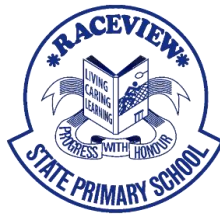
I give consent for: Raceview State School to the disclosure of information between the participating business and the Agency, including for the purposes of the Privacy Act

I understand that I can change or cancel my deduction at any time and further information about centrepay can be found online at:

<https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/centrepay-businesses> • I acknowledge that the information that I have provided is true and correct.

Customer name:

Signature:



PERMISSION TO CHECK FOR HEAD LICE

Dear Parent/Guardian,

As part of our commitment to maintaining a healthy and hygienic learning environment for all students, we occasionally carry out head lice checks. These checks are conducted in a discreet and respectful manner by trained staff to identify and manage any outbreaks promptly and effectively.

Head lice are a common issue among school-aged children and can spread easily through close contact. Early detection is key to preventing the spread within our school community.

We are seeking your permission to check your child's hair for head lice when necessary. These checks are non-invasive and will be conducted with sensitivity and confidentiality.

Please complete the section below to indicate whether you give consent for your child's hair to be checked for head lice.

If you have any questions or concerns about this process, please don't hesitate to contact us.

Thank you for your cooperation.

Permission Slip – Head Lice Check

Student Name: _____

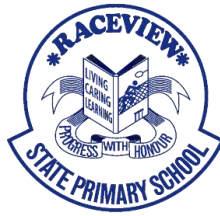
Please tick one option:

- ☐ *Yes, I give permission for my child's hair to be checked for head lice by school staff when necessary.*
- ☐ *No, I do not give permission for my child's hair to be checked.*

Parent/Guardian Name: _____

Signature: _____

Date: _____



MEDICAL INFORMATION

Dear Parents/Caregivers

As the health and safety of students at our schools must be taken very seriously Education Queensland has incorporated new procedures for Administering Routine and Emergency Medication and Management of Health conditions.

Management of student's health conditions, including the administration of medication, is a courtesy provided by a school consistent with their duty of care to:

- Maximise the participation in school activities of students who require medication or special procedures for managing a health condition; and
- Optimise the health, safety and wellbeing to staff and students at our school.

Please note the following:-

School staff can assist a student with medication under the carer provisions of the Health (Drugs and Poisons) Regulation (1996) provided a written request is received from the student's parent or legal guardian (forms available from the office). Staff must follow the directions of the original pharmacy label attached to the medication container.

School Staff **must not** administer over-the-counter medication, including analgesics, homeopathic or prescribed medication unless they meet the accountability of a written request from a parent/caregiver accompanied by written advice from a medical practitioner (forms are available from the office) and with the medication in the original labelled container. The exception is the reliever puffer, such as Ventolin (which must be labelled).

The Role of Parents/Caregivers

Parents/caregivers **must** undertake the following in relation to the administration of medication and/or management of health conditions

- **Notify** the school in writing of a health condition requiring medication at school.
- Request the school in writing to administer prescribed medication or to assist in the management of a health condition.
- **Notify** the school in writing of any requests and/or guidelines from medical practitioners including potential side effects or adverse reactions.
- Provide the medication **in the original labelled container** and submit to the office.
- Ensure the medication is not out of date and has an **original pharmacy label** with the students name, dosage and time to be taken.
- **Notify** the office in writing when a change of dosage and medication is required. This instruction must be accompanied by a letter from a medical practitioner.
- Advise the office in writing and collect the medication when it is no longer required at school.

Please note that medication sent into school without an original pharmacy labelled container **will not** be accepted.

Forms are available from the office for yourself and your medical practitioner to sign. They must be returned to school before any medication can be dispensed.



CONSENT TO ADMINISTER MEDICATION

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or other written instructions from prescribing health practitioner and <i>diabetes management plan</i>
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

- 1) Complete Section A (page 2).
- 2) Provide the school with the medication in the original container with intact packaging.
- 3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- 4) Make an appointment with the principal/delegate if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

- 1) Complete Section A (page 2) and Section B (page 3).

Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Complete the details below:

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		Date of birth	
Parent/carer name		Phone number	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	
--------------------	--

I confirm that the medication provided to the school (as listed above):

- ☐ is medically authorised (e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)
- ☐ is in the original dispensed container with intact packaging
- ☐ has the student's and doctor's names on the pharmacy label (if there is no other written evidence of medical authorisation)
- ☐ is current/in-date (The expiry date of the medication is __/__/____).

The medication is required:		If Yes to any questions, complete the following:
(a) routinely (e.g. 11am every day)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Administer at __: __ am/pm on the following days: (circle the day/s required) Monday Tuesday Wednesday Thursday Friday
(b) for a short time only (e.g. only for 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Start date: __/__/____ End date: __/__/____
(c) to manage a health condition by following a current action plan or health plan	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Is the medication for: <input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe)
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	<input type="checkbox"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication?

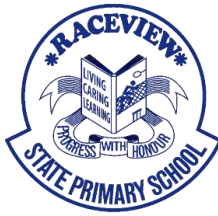
Yes ☐ No ☐

If Yes, describe: _____

Parent/carer/student signature		Date	
--------------------------------	--	------	--

If the student is to self-administer this medication, also complete **Section B**

NOTE: Controlled drugs cannot be self-administered.



REPLENISHMENT OF MEDICATION

Dear Parent/Career,

Replenish prescription medication.

To enable the acceptance of additional medication prescribed to a student enrolled at Raceview State Primary School the following needs signed and witnessed.

Student name:		
Medication/Dose:		
Name of prescribing health practitioner:		
Parent/ Care Giver Signature		
Date:		
Date	Witness Name	Signature
Date	Witness Name	Signature

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Queensland Government