SHAILER PARK STATE SCHOOL

New Student Information Form

STUDENT DETAILS

Student Name:_____ Date of Birth _____

Current / Previous School:_____ Current Year Level _____

Year wishing to Enrol in ☐ 2026 ☐ 2027 ☐ 2028 ☐ 2029

Main Language spoken at home:_____

PARENT/GUARDIAN DETAILS (child resides with)

Parent/Guardian Name: _____

Biological parent **Yes / No.** If no**,** Relationship to student :_____

Interpreter: **Yes / No** Language:_____

Residential Address:_____

Mobile/Home Phone:_____

Email:_____

Does your student have any siblings attending a Qld State School? **Yes / No**

Name:_____School:_____Year:_____

MEDICATION

Does your child have any known medication conditions that require regular mediation or Health Plans **Yes / No**

If yes, please provide details:_____

SUPPORT

Has your child been supported by external agencies (eg: Speech Pathologist, Occupational Therapist, Psychologist, etc)? Please provide details:_____

Has your child been receiving additional support at their current school? If yes, please tick box/s:

☐ Academic ☐ Social/Emotional ☐ Behaviour

To support a successful transition for your child, is there any other additional information you would like to share with us?

_____

EXTRA -CURRICULAR

Has your child participated in any extra-curricular programs? **Yes / No**

If yes, what program did they do?_____

Would you like more information on our school programs (please circle):
Dance / Basketball / Instrumental Music

*******OFFICE USE ONLY ******

Date this form was received _____ By Staff member _____

Catchment check (Circle)	**Documents sighted**		**Permission Notes**
In Catchment Out of Catchment Sibling _____ Interview with:_____ Date:___/___/___Time:_____ Attended:_____ _____ Allocate Sporting House **Acacia / Callist / Banksia** Class Allocation: _____ Student EQID:_____	__ Primary catchment __ Secondary catchment __ Birth Cert/Passport/Visa __ Authority to Care Docs __ Legal Documents __ Health Plans __ EALD required	__ Arrange Interview __ Emailed Interview __ Entered in OS __ Emergency Role _Class _Music _Wellbeing _Library _PE	__ Enrolment Agreement __ Media Consent __ Photo __ Video __ SRS Permission __ ICT Form __ Online Services

SHAILER PARK STATE SCHOOL

Application for student enrolment form

INSTRUCTIONS

Please refer to the *Application to enrol in a Queensland state school* information sheet at the end of this form when completing this application. Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of your application as soon as practicable.

Failure or refusal to complete those sections of the form marked with an (*) or to provide required documentation may result in a refusal to process your application. These questions and your consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form not marked (*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding reliant on such information. Parents of all students in Australia have been asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students, regardless of their background. The required information includes the Indigenous status and language background of the student, and the education, occupation and language background of the parents.

If you have any questions about the enrolment form or process, or require assistance completing this form, including translation services, please contact the school in the first instance.

PRIVACY STATEMENT

The Department of Education (DoE) is collecting the information on this form for the purposes outlined in the *Education (General Provisions) Act 2006* (Qld) (EGPA 2006), and in particular for:

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

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

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

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

PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS			
Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name		**Preferred given names**	
Gender*	☐ Male ☐ Female	**Date of birth***	____/____/____
Copy of birth certificate available to show school staff*	☐ Yes ☐ No	Enrolment may not be approved without enrolling staff sighting the prospective student's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate. The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted. For international students approved for enrolment by EQI, a passport or visa will be acceptable.	
For prospective mature age students, proof of identity supplied and copied*	☐ Yes ☐ No	Prospective mature age students must provide photographic identification which proves their identity: • 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?	☐ Yes ☐ No	If yes, provide name of school and approximate date of enrolment.		
What year level is the prospective student seeking to enrol in?		Please provide the appropriate year level.		
Proposed start date	___/___/___	Please provide the proposed starting date for the prospective student at this school.		
Does the prospective student have a sibling attending this school or any other Queensland state school?	☐ Yes ☐ 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?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

FAMILY DETAILS

Parents/carers	Parent/carer 1	Parent/carer 2
Family name*		
Given names*		
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?*	☐ Yes ☐ No	☐ Yes ☐ No
1st Phone contact number*	Work/home/mobile	Work/home/mobile
2nd Phone contact number*	Work/home/mobile	Work/home/mobile
3rd Phone contact number*	Work/home/mobile	Work/home/mobile
Email		
Occupation		
What is the occupation group of the parent/carer?	☐ (Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter '8')	☐ (Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter '8')
Employer name		
Country of birth		
Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	☐ No, English only ☐ Yes, other – please specify _____ Needs interpreter? ☐ Yes ☐ No	☐ No, English only ☐ Yes, other – please specify _____ Needs interpreter? ☐ Yes ☐ No
Is the parent/carer an Australian citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Is the parent/carer a permanent resident of Australia?	☐ Yes ☐ No	☐ Yes ☐ 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 *highest* 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 *highest* 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	☐	☐
Year 10 or equivalent	☐	☐
Year 11 or equivalent	☐	☐
Year 12 or equivalent	☐	☐
Parent/carer non-school education	What is the level of the *highest* qualification parent/carer 1 has completed?	What is the level of the *highest* qualification parent/carer 2 has completed?
Certificate I to IV (including trade certificate)	☐	☐
Advanced Diploma/Diploma	☐	☐
Bachelor degree or above	☐	☐
No non-school qualification	☐	☐

COUNTRY OF BIRTH*

In which country was the prospective student born?	☐ Australia ☐ Other (please specify country) _____ Date of arrival in Australia _____/_____/_____
Is the prospective student an Australian citizen?	☐ Yes ☐ No (if no, evidence of the prospective student's immigration status to be completed)

PROSPECTIVE STUDENT LANGUAGE DETAILS

Does the prospective student speak a language other than English at home?	☐ No, English only ☐ Yes, other – please specify _____

EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS (to be completed if this person is NOT an Australian citizen)*

☐ Permanent resident	Complete passport and visa details section below	
☐ Student visa holder	Date of arrival in Australia _____/_____/_____	Date enrolment approved to:_____/_____/_____
	EQI receipt number:	
☐ Temporary visa holder	Complete passport and visa details section below. Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI	
☐ Other, please specify _____		

EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS* (continued)

Passport and visa details (to be completed for a prospective student who is NOT an Australian citizen).

NOTE: A permanent resident will have a visa grant notification with an indefinite stay period indicated.

For prospective students arriving in Australia as refugee or humanitarian entrants, either PLO 56 Immigration issued card or 'Document to travel to Australia' with 'stay indefinite' recorded must be sighted by the school.

Passport number		**Passport expiry date**	___/___/___
Visa number		**Visa expiry date** (if applicable)	___/___/___
Visa sub class			

PROSPECTIVE STUDENT'S PREVIOUS EDUCATION / ACTIVITY

Where does the prospective student come from?	☐ Queensland ☐ interstate ☐ overseas
Previous education/activity	☐ Kindergarten ☐ School ☐ VET ☐ Home education ☐ Full-time employment ☐ Part-time employment ☐ 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)		
1st phone contact number*	Work/home/mobile	Work/home/mobile
2nd phone contact number*	Work/home/mobile	Work/home/mobile
3rd 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	☐
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.	☐ **No** ☐ **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)		☐ **Yes** ☐ **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?	☐ **Yes** ☐ **No**	
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	**Commencement date**	___/___/_____
	End date	___/___/_____
Contact details of the Child Safety Officer (if known)	**Name**	
	Phone number	

COURT ORDERS* (continued)

Family Court Orders*

Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?	☐ Yes ☐ No	
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	___/___/_____
	End date	___/___/_____

Other Court Orders*

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	☐ Yes ☐ No	
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	___/___/_____
	End date	___/___/_____

APPLICATION TO ENROL*

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

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

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

Office use only

Enrolment decision

Has the prospective student been accepted for enrolment? ☐ Yes ☐ No (applicant advised in writing)

If no, indicate reason:

- ☐ Does not meet School EMP or Enrolment Eligibility Plan requirements
- ☐ Prospective student is mature age and school is not a mature age state school
- ☐ Does not meet Prep age eligibility requirement
- ☐ Prospective student is subject to suspension from a state school at the time of enrolment application
- ☐ Does not meet requirements for enrolment in a state special school
- ☐ Does not have an approved flexible arrangement with the school
- ☐ School does not offer year level prospective student is seeking to be enrolled in
- ☐ Prospective student has no remaining semester allocation of state education

Date enrolment processed	/ /	Year level		Roll Class		EQ ID	
Independent student	☐ Yes ☐ No			Birth certificate/passport sighted, number recorded and DOB confirmed	☐ Yes ☐ No Number:		
Is the prospective student over 18 years of age at the time of enrolment?				☐ Yes ☐ No			
If yes, is the prospective student exempt from the mature age student process?				☐ Yes ☐ No			
If no, has the prospective mature age student consented to a criminal history check?				☐ Yes ☐ No			
School house/ team				EAL/D support	☐ Yes ☐ No ☐ To be determined		
FTE		Associated unit		Visa and associated documents sighted	☐ Yes ☐ 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/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants:

- **Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- **Assistant/aide** [trades' assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

Group 8: Have not been in paid work in the last 12 months

State schools standardised medical condition category list

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