



# Jimboomba State School

Start Date \_\_\_\_\_ Class \_\_\_\_\_

## Application for student enrolment form

### INSTRUCTIONS

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

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

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

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

### PRIVACY STATEMENT

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

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

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

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

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

### PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS

|                                                                                      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Legal family name*<br>(as per birth certificate)                                     |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |
| Legal given names*<br>(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<br>available to show school<br>staff*                      | <input type="checkbox"/> Yes <input type="checkbox"/> No      | Enrolment may not be approved without enrolling staff sighting the prospective student's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate.<br>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.<br>For international students approved for enrolment by EQI, a passport or visa will be acceptable. |                    |
| For prospective mature<br>age students, proof of<br>identity supplied and<br>copied* | <input type="checkbox"/> Yes <input type="checkbox"/> No      | Prospective mature age students must provide photographic identification which proves their identity: <ul style="list-style-type: none"><li>• current driver's licence; or</li><li>• adult proof of age card; or</li><li>• current passport.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |

**APPLICATION DETAILS**

|                                                                                                         |                                                          |                                                                                       |               |                |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------|---------------|----------------|
| Has the prospective student ever attended a Queensland state school?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide name of school and approximate date of enrolment.                     |               |                |
| What year level is the prospective student seeking to enrol in?                                         |                                                          | Please provide the appropriate year level.                                            |               |                |
| Proposed start date                                                                                     | ____/____/____                                           | Please provide the proposed starting date for the prospective student at this school. |               |                |
| Does the prospective student have a sibling attending this school or any other Queensland state school? | <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 <sup>st</sup> Phone contact number*                                                                                                                      | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                  | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                  |
| 2 <sup>nd</sup> Phone contact number*                                                                                                                      | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                  | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                  |
| 3 <sup>rd</sup> Phone contact number*                                                                                                                      | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                  | Work/home/mobile                                                                                                                                                                                                                                                                                                                                                  |
| Email                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Occupation                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| What is the occupation group of the parent/carer?                                                                                                          | <input type="checkbox"/> (Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter '8') | <input type="checkbox"/> (Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter '8') |
| Employer name                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Country of birth                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify _____<br>Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes, other – please specify _____<br>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<br><input type="checkbox"/> Part-time employment <input type="checkbox"/> Other |
| Please provide name and address of education provider/activity provider/employer |                                                                                                                                                                                                                                                                          |

**RELIGIOUS INSTRUCTION\***

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>From Year 1, the prospective student may participate in religious instruction if it is available.</p> <p>If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.</p> <p>Parents/carers may change these arrangements at any time by notifying the principal in writing.</p> | <p>Do you want the prospective student to participate in religious instruction?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes', please nominate the religion:</p> <p>_____</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**PROSPECTIVE STUDENT ADDRESS DETAILS\***

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

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

|                                       | Emergency contact | Emergency contact |
|---------------------------------------|-------------------|-------------------|
| Name                                  |                   |                   |
| Relationship (e.g. aunt)              |                   |                   |
| 1 <sup>st</sup> phone contact number* | Work/home/mobile  | Work/home/mobile  |
| 2 <sup>nd</sup> phone contact number* | Work/home/mobile  | Work/home/mobile  |
| 3 <sup>rd</sup> phone contact number* | Work/home/mobile  | Work/home/mobile  |

**PROSPECTIVE STUDENT MEDICAL INFORMATION (including allergies)\*****Privacy Statement**

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

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

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

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

**COURT ORDERS\*****Out-of-Home Care Arrangements\***

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

|                                                                                                                       |                                                          |                |  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------|--|
| Is the prospective student identified as residing in out-of-home care?                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |  |
| If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care. | Commencement date                                        | ____/____/____ |  |
|                                                                                                                       | End date                                                 | ____/____/____ |  |
| Contact details of the Child Safety Officer (if known)                                                                | Name                                                     |                |  |
|                                                                                                                       | Phone number                                             |                |  |

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



**COURT ORDERS\*** (continued)**Family Court Orders\***Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?☐ Yes ☐ No

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

Commencement date

/ /

End date

/ /

**Other Court Orders\***

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

☐ Yes ☐ No

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

Commencement date

/ /

End date

/ /

**APPLICATION TO ENROL\***

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

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

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

**Office use only**

|                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                     |  |                                                                                                       |  |
|--------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| Enrolment decision                                                                   |                                                          | Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                     |  |                                                                                                       |  |
|                                                                                      |                                                          | If no, indicate reason:<br><input type="checkbox"/> Does not meet School EMP or Enrolment Eligibility Plan requirements<br><input type="checkbox"/> Prospective student is mature age and school is not a mature age state school<br><input type="checkbox"/> Does not meet Prep age eligibility requirement<br><input type="checkbox"/> Prospective student is subject to suspension from a state school at the time of enrolment application<br><input type="checkbox"/> Does not meet requirements for enrolment in a state special school<br><input type="checkbox"/> Does not have an approved flexible arrangement with the school<br><input type="checkbox"/> School does not offer year level prospective student is seeking to be enrolled in<br><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<br><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<br>TV – temporary visa<br>DS – dependent – parent on student visa |  | EX – exchange student<br>DE – distance education                                                      |  |

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

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

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

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

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

**Defence Forces** commissioned officer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Service** [aged/disabled/refugee/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

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

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

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

**Office assistants, sales assistants and other assistants:**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

**Assistant/aide** [trades' assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

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

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

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

**State schools standardised medical condition category list**

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



## Application to enrol in a Queensland state school

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

### Entitlement to enrolment

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

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

### Prospective student

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

### Parent's occupation and education

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

### Court Orders

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

### Name on enrolment form

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

### Gender

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

### Religious Instruction

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



# Jimboomba State School

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## **Introduction to the State School Consent Form (attached) for JIMBOOMBA 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* or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

### **Voluntary**

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

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

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

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

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

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

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

### **Media sources used**

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

- School website: <https://jimboombass.eq.edu.au/Pages/default.aspx>
- Facebook: <https://www.facebook.com/pg/JimboombaSS/about>
- YouTube: N/A
- Instagram: N/A
- Twitter: N/A
- Other: N/A
- 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 Jimboomba State School administration office.

JIMBOOMBA State School should be contacted if you have any questions regarding consent.

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

## State School Consent Form

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

- **Parent/carer to complete**
- **Mature/independent students may complete on their own behalf** (if under 18 a witness is required).

(a) Full name of individual: .....

(b) Date of birth: .....

(c) Name of school: .....

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

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

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

### 2 PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

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

▶ Name (as indicated in section 1) ▶ Image/photograph ▶ School name

▶ Recording (voices and/or video) ▶ Year level

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

▶ Sound recording ▶ Artistic work ▶ Written work ▶ Video or image

▶ Software ▶ Music score ▶ Dramatic work

### 3 APPROVED PURPOSE

If consent is given in section 6 of the form:

- The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
  - Any activities engaged in during the ordinary course of the provision of education (including assessment), or other purposes associated with the operation and management of the school or DoE including to publicly celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.
  - Promoting the success of the person in section 1, including their academic, sporting or cultural achievements.
  - Any other activities identified in section 4(b) below.
- The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
  - the school's newsletter and/or website;
  - social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached);
  - year books/annuals;
  - promotional/advertising materials; and
  - presentations and displays.

### 4 TIMEFRAME FOR CONSENT

**School representative to complete.**

(a) Timeframe of consent: duration of enrolment.

(b) Further identified activities not listed in the form and letter for the above timeframe: for the duration of enrolment at Jimboomba State School.

### 5 LIMITATION OF CONSENT

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

|              |
|--------------|
| <br><br><br> |
|--------------|

## 6 CONSENT AND AGREEMENT

### ► CONSENTER – I am (tick the applicable box):

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

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

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

Print name of student .....

Print name of consenter.....

Signature or mark of consenter.....

Date .....

Signature or mark of student (if applicable).....

Date .....

### **SPECIAL CIRCUMSTANCES**

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or Individual student; or when the consenter is an independent student and under 18 the section below must be completed.

#### ► **WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read**

I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications.

Print name of witness .....

Signature of witness .....

Date .....

#### ► **Statement by the person taking consent – when it is read**

I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified materials will be used in accordance with the State School Consent Form
2. reference to the identified person will be in the manner consented
3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the consenter.

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

Signature of person taking the consent .....

Date .....

### **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 to facilitate registration and use of third party web based software identified on the form. 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.



# Jimboomba State School

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1/03/2024

## Introduction to the Online Services Consent Form for Jimboomba State School

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

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

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

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

### About the online services

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

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

### Student information

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

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

### Student works

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

### Parent information

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

### 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 **Office, 07 5548 8333, [admin@jimboombass.eq.edu.au](mailto:admin@jimboombass.eq.edu.au)**.

**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
- 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:   | Typing Tournament                                                                                                                                                                                               | Data hosting: | Onshore | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Url:            | <a href="https://www.typingtournament.com/">https://www.typingtournament.com/</a>                                                                                                                               |               |         |                                            |                                                   |
| Purpose of use: | Typing Tournament Online provides activities designed to teach ten finger touch typing skills. This program is part of the EdAlive Online Learning Suite of educational games and adaptive learning activities. |               |         |                                            |                                                   |
| Terms of use:   | <a href="https://central.edalive.com/terms-of-use">https://central.edalive.com/terms-of-use</a>                                                                                                                 |               |         |                                            |                                                   |
| Privacy policy: | <a href="https://central.edalive.com/privacy-policy">https://central.edalive.com/privacy-policy</a>                                                                                                             |               |         |                                            |                                                   |

|                 |                                                                                                                                                                                                                                                                |               |         |                                            |                                                   |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------------------------------|---------------------------------------------------|
| Service name:   | Baggin' the Dragon Maths Online                                                                                                                                                                                                                                | Data hosting: | Onshore | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Url:            | <a href="https://www.bagginthedragon.com/">https://www.bagginthedragon.com/</a>                                                                                                                                                                                |               |         |                                            |                                                   |
| Purpose of use: | Baggin' the Dragon Maths Online builds maths foundations through interactive questions which foster mathematical thinking and problem solving. This program is part of the EdAlive Online Learning Suite of educational games and adaptive learning activities |               |         |                                            |                                                   |
| Terms of use:   | <a href="https://central.edalive.com/terms-of-use">https://central.edalive.com/terms-of-use</a>                                                                                                                                                                |               |         |                                            |                                                   |
| Privacy policy: | <a href="https://central.edalive.com/privacy-policy">https://central.edalive.com/privacy-policy</a>                                                                                                                                                            |               |         |                                            |                                                   |

|                 |                                                                                                                                                                                                           |               |         |                                            |                                                   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------------------------------|---------------------------------------------------|
| Service name:   | Maths Invaders Online                                                                                                                                                                                     | Data hosting: | Onshore | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Url:            | <a href="https://www.mathsinvaders.com/">https://www.mathsinvaders.com/</a>                                                                                                                               |               |         |                                            |                                                   |
| Purpose of use: | Maths Invaders Online aims to build students' times tables skills and maths fact fluency. This program is part of the EdAlive Online Learning Suite of educational games and adaptive learning activities |               |         |                                            |                                                   |
| Terms of use:   | <a href="https://central.edalive.com/terms-of-use">https://central.edalive.com/terms-of-use</a>                                                                                                           |               |         |                                            |                                                   |
| Privacy policy: | <a href="https://central.edalive.com/privacy-policy">https://central.edalive.com/privacy-policy</a>                                                                                                       |               |         |                                            |                                                   |

|               |                                                                             |               |         |                                            |                                                   |
|---------------|-----------------------------------------------------------------------------|---------------|---------|--------------------------------------------|---------------------------------------------------|
| Service name: | Volcanic Panic Reading success online                                       | Data hosting: | Onshore | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Url:          | <a href="https://www.volcanicpanic.com/">https://www.volcanicpanic.com/</a> |               |         |                                            |                                                   |



|                 |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Purpose of use: | Volcanic Panic Reading Success Online is a phonemic and text-based reading programme which builds students' reading foundations and reading skills through sequenced learning activities based on phonics, phonemics, sight words, advanced vocabulary, comprehension and literary appreciation. This program is part of the EdAlive Online Learning Suite of educational games and adaptive learning activities. |  |  |
| Terms of use:   | <a href="https://central.edalive.com/terms-of-use">https://central.edalive.com/terms-of-use</a>                                                                                                                                                                                                                                                                                                                   |  |  |
| Privacy policy: | <a href="https://central.edalive.com/privacy-policy">https://central.edalive.com/privacy-policy</a>                                                                                                                                                                                                                                                                                                               |  |  |

|                 |                                                                                                                                                                                                                                                                                                                                     |               |         |                                            |                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------------------------------|---------------------------------------------------|
| Service name:   | Words Rock online                                                                                                                                                                                                                                                                                                                   | Data hosting: | Onshore |                                            |                                                   |
| Url:            | <a href="https://www.wordsrock.com/">https://www.wordsrock.com/</a>                                                                                                                                                                                                                                                                 |               |         |                                            |                                                   |
| Purpose of use: | Words Rock Online provides a literacy programme that systematically builds word skills and explores English language through interactive activities in vocabulary, spelling, grammar, punctuation and pre-literacy. This program is part of the EdAlive Online Learning Suite of educational games and adaptive learning activities |               |         | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Terms of use:   | <a href="https://central.edalive.com/terms-of-use">https://central.edalive.com/terms-of-use</a>                                                                                                                                                                                                                                     |               |         |                                            |                                                   |
| Privacy policy: | <a href="https://central.edalive.com/privacy-policy">https://central.edalive.com/privacy-policy</a>                                                                                                                                                                                                                                 |               |         |                                            |                                                   |

|                 |                                                                                                                    |               |         |                                            |                                                   |
|-----------------|--------------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------------------------------|---------------------------------------------------|
| Service name:   | Book Creator                                                                                                       | Data hosting: | Onshore |                                            |                                                   |
| Url:            | <a href="https://bookcreator.com/">https://bookcreator.com/</a>                                                    |               |         |                                            |                                                   |
| Purpose of use: | This service allows users to create and collaborate on digital books by combining audio, visual and text elements. |               |         | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Terms of use:   | <a href="https://bookcreator.com/terms-of-service/">https://bookcreator.com/terms-of-service/</a>                  |               |         |                                            |                                                   |
| Privacy policy: | <a href="https://bookcreator.com/pp-row/">https://bookcreator.com/pp-row/</a>                                      |               |         |                                            |                                                   |

|                 |                                                                                                                                                                                                                                                                                                                                                                |               |         |                                            |                                                   |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|--------------------------------------------|---------------------------------------------------|
| Service name:   | Class dojo                                                                                                                                                                                                                                                                                                                                                     | Data hosting: | Onshore |                                            |                                                   |
| Url:            | <a href="https://www.classdojo.com/">https://www.classdojo.com/</a>                                                                                                                                                                                                                                                                                            |               |         |                                            |                                                   |
| Purpose of use: | Class Dojo connects teachers with students and parents to build online classroom communities. Teachers can use this application for classroom tools (e.g., classroom noise monitor, timer, random student selector and group generator, and classroom directions), reward systems, student digital portfolios and to share classroom updates and student work. |               |         | <input type="checkbox"/><br>I give consent | <input type="checkbox"/><br>I do not give consent |
| Terms of use:   | <a href="https://www.classdojo.com/terms/">https://www.classdojo.com/terms/</a>                                                                                                                                                                                                                                                                                |               |         |                                            |                                                   |
| Privacy policy: | <a href="https://www.classdojo.com/privacy/">https://www.classdojo.com/privacy/</a>                                                                                                                                                                                                                                                                            |               |         |                                            |                                                   |

## 6. CONSENT AND AGREEMENT

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

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

*I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent for the information outlined in Section 2 and any additional consent requirements outlined in Section 5 to be disclosed to the online services in accordance with the purpose outlined in Section 3 and for the timeframe specified in Section 4.*

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

Print name of consenter: \_\_\_\_\_

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

consenter: \_\_\_\_\_

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

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

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

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

**SPECIAL CIRCUMSTANCES**

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

A) required to be read aloud (whether in English or in an alternative language or dialect) to the person giving consent **and/or:**

B) when the person giving consent is an independent student under the age of 18.

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

*I have witnessed the signature or mark of an independent student, or the accurate reading of the explanatory letter and the Online Services Consent Form was completed in accordance with the instruction of the person giving consent. The person giving consent has had the opportunity to ask questions. I confirm that the person giving consent have given consent freely and I submit the person understood the implications.*

Print name of \_\_\_\_\_

witness: \_\_\_\_\_

Signature of \_\_\_\_\_

witness: \_\_\_\_\_

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

→ **Statement by the person taking consent – when it is read**

*I have accurately read aloud the explanatory letter and the Online Services Consent Form to the person giving consent, and to the best of my ability made sure that the person understands that the following will be done:*

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

*I confirm that the person giving consent was given an opportunity to ask questions about the explanatory letter and Online Services Consent Form, and all questions asked by the person giving consent have been answered correctly and to the best of my ability. I confirm that the person giving consent has not been coerced into giving consent, and the consent has been given freely and voluntarily.*

*A copy of the explanatory letter has been provided to the person giving consent.*

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

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

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





## Jimboomba State School – Anti-Bullying Compact

The Anti-Bullying Compact provides a clear outline of the way our community at Jimboomba State School works together to establish a safe, supportive and disciplined school environment. This compact is provided to all students and their parents upon enrolment, and may be revisited with individual students if particular problems around bullying arise.

### *Jimboomba State School – Anti Bullying Compact*

We agree to work together to improve the quality of relationships in our community at Jimboomba State School. It is through intentional consideration of our behaviour and communication that we can reduce the occurrence of bullying, and improve the quality of the schooling experience for everyone.

The agreed national definition for Australian schools describes bullying as

- ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm;
- involving an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening;
- happening in person or online, via various digital platforms and devices and it can be obvious (overt) or hidden (covert). Bullying behaviour is repeated, or has the potential to be repeated, over time (for example, through sharing of digital records);
- having immediate, medium and long-term effects on those involved, including bystanders. Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying.

We believe that no one deserves to be mistreated and that everyone regardless of race, colour, religion, immigration status, nationality, size, gender, popularity, athletic capability, academic outcomes, social ability, or intelligence has the right to feel safe, secure, and respected.

I agree to:

- Treat everyone with kindness and respect.
- Abide by the school's anti-bullying policies and procedures.
- Support individuals who have been bullied.
- Speak out against verbal, relational, physical bullying and cyber bullying.
- Notify a parent, teacher, or school administrator when bullying does occur.

Student's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

School representative signature \_\_\_\_\_

Date \_\_\_\_\_



Jimboomba State School  
ENROLMENT INTERVIEW  
STUDENT RELEASE FORM

|               |                |
|---------------|----------------|
| Student Name: | Date of Birth: |
|---------------|----------------|

| Student Release Forms                                                                                                                                       | Please tick |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Acknowledge compliance with Jimboomba State School's Student Code of Conduct for Students, based on the Code of School Behaviour                            |             |
| Acknowledge compliance with Jimboomba State School Dress Code and Uniform Policy                                                                            |             |
| Acknowledge compliance with Internet Student Consent Policy                                                                                                 |             |
| Acknowledge Right to Privacy Statement as endorsed by Education Queensland                                                                                  |             |
| Acknowledge understanding of Jimboomba State School Emergency Response Plan Containment Procedure and Fire Evacuation Procedure                             |             |
| Permission to participate in Excursions, Incursions and Camps (including Cultural and Sporting Events)                                                      |             |
| Permission to have image and/or work samples used in Newsletter, website, newspaper articles, digital capture devices and research papers                   |             |
| Permission to have student videoed for educational purposes by school personnel or personnel approved by the Minister of Education, Training and Employment |             |
| Permission for First Aid Officers to physically treat and administer first aid. (including physical check for presence of head lice)                        |             |
| Health, Social/Emotional, Behavioural Conditions have been disclosed to Admin Team                                                                          |             |
| Academic Needs, Diagnosed Conditions and Special Needs have been disclosed to Admin Team                                                                    |             |
| Supplied Birth Certificate or other form of identification                                                                                                  |             |
| Disclosed all Custody and School Disciplinary Absences currently or previously enforced                                                                     |             |

I hereby acknowledge that the information supplied upon enrolment is accurate.

I understand that signing this release enables my child to participate or access the agreed services and activities described, and that it remains current for the duration of enrolment at JSS.

I agree to notify the school, in writing, if there are any changes in the information supplied

|                         |       |
|-------------------------|-------|
| Parent/ Caregiver Name: |       |
| Signature:              | Date: |