**School of distance education - Application for student enrolment form**

**(non-state school-based students)**

**INSTRUCTIONS**

This form is to be completed by the student’s base school (non-state school).

Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of the application as soon as practicable.

Please ensure **all** sections of the form are fully completed to avoid enrolment delays. Sections of the form not marked (\*) are optional. Incomplete forms will be returned to the base school for completion.

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| **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:1. assessing whether the application for enrolment should be approved
2. administering and planning for providing appropriate education, training and support services to students
3. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
4. communicating with students and parents.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. The 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 of distance education in the first instance. If you have a concern or complaint about the way personal information has been collected, used, stored or disclosed, please also contact the school of distance education in the first instance. |

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| **SECTION 1: BASE SCHOOL DETAILS** |
| **School name\*** |  |
| **School postal address** | **Street number & Street name or Post Office Box** |  |
| **City/Town** |  |
| **Postcode** |  |
| **School phone number** |  | **School email address****NOTE: SDE may require base school to provide a Distanceed@ email address** |  |

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| **SECTION 2: SCHOOL-BASED SUPERVISOR CONTACT/S** |
| **Title** |  | **Position\*** |  |
| **Family name\*** |  | **Given names\*** |  |
| **Phone\*** |  | **Email\*** |  |
| **QCAA Student Management delegate’s name and email (if applicable)** |  |

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| **SECTION 3: STUDENT INFORMATION**  |
| **Legal family name\* (as per birth certificate)** |  |
| **Legal given names\* (as per birth certificate)** |  |
| **Preferred family name\*** |  | **Preferred given names** |  |
| **Residential address\*** |  |
| **Gender\*** | **[ ]  Male [ ]  Female** | **Date of birth\*** | **\_\_\_\_/ \_\_/\_\_\_\_** |
| **EQ ID Number (if available)** |  | **Student’s school email address** |  |
| **What is the student’s intended start date?\*** | **\_\_\_\_/ \_\_/\_\_\_\_** | **Current year level at base school** |  |
| **Does the student have any known medical conditions which would impact on their study** | **[ ]  Yes, provide details****[ ]  No** | **Brief details of medical condition** |  |

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| **Is the student enrolled at your school as a study abroad student?** | **[ ]  Yes [ ]  No****If yes, provide arrival and departure dates** **\_\_\_\_/ \_\_/\_\_\_\_ (arrival)****\_\_\_\_/ \_\_/\_\_\_\_ (departure)** | **Was the student studying the requested subject in their home country?** | **[ ]  Yes [ ]  No** |

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| **SECTION 4: ADDITIONAL STUDENT INFORMATION** |
| **Is the student of Aboriginal or Torres Strait Islander origin? (if known)** | **[ ]  No [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both Aboriginal and Torres Strait Islander** |
| **Does the student speak a language other than English at home?** | **[ ]  No, English only****[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **In which country was the student born?** | **[ ]  Australia****[ ]  Other (please specify country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of arrival in Australia \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| **Is the student an Australian citizen?** | **[ ]  Yes [ ]  No (if No, evidence of student’s immigration status to be completed below)** |
| **Evidence of student’s immigration status (to be completed for students who are not Australian citizens)** | **[ ]  Permanent resident****[ ]  Student visa holder - Date of arrival \_\_\_\_/\_\_\_\_/\_\_\_\_****[ ]  Temporary visa holder – Complete passport and visa details section below. Temporary visa holders must obtain an ‘Approval to enrol in a state school’ from EQI****[ ]  Other (Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Passport and visa information****Passport and visa details (to be completed for a student who is NOT an Australian citizen).** | **Passport number** |  | **Passport expiry date** |  |
| **Visa number** |  | **Visa expiry date (if applicable)** |  |
| **Visa sub class** |  |  |
| **QCAA Student Management information****NOTE: only applicable to students in years 11 and 12** | **Learner Unique Identification (LUI) number** |  |
| **Student details****Please ensure student information is EXACTLY the same as recorded in the QCAA Student Management application to ensure results are banked correctly** | **Given name** |  |
| **Middle name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Gender** | **[ ]  Male [ ]  Female** |

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| **SECTION 5: FAMILY DETAILS**  |
| **Parents/carers** | **Parent/carer 1\*** | **Parent/carer 2** |
| **Family name\*** |  |  |
| **Given names\*** |  |  |
| **Title** | **[ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr** | **[ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr** |
| **Gender** | **[ ]  Male [ ]  Female** | **[ ]  Male [ ]  Female** |
| **Relationship to prospective student\*** |  |  |

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| **Is the parent/carer an emergency contact?\*** | **[ ]  Yes [ ]  No** | **[ ]  Yes [ ]  No** |
| **1st Phone contact number\*** | **Work/home/mobile** | **Work/home/mobile** |
| **2nd Phone contact number\*** | **Work/home/mobile** | **Work/home/mobile** |
| **3rd Phone contact number** | **Work/home/mobile** | **Work/home/mobile** |
| **Email** |  |  |
| **Country of birth** |  |  |
| **Main language spoken at home** |  |  |

| **SECTION 6: COURSE/SUBJECT SELECTION\*** |
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| **Course/Subject Name** | **Year level** | **Class preference 1 (if applicable)** | **Class preference 2 (if applicable** | **Prerequisite per handbook/subject guide and year completed (if applicable)** |
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| **Evidence of pre-requisite completion attached to application [ ]  School report [ ]  Foreign Language diagnostic task [ ]  Other, Please specify** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **SECTION 7: COHORT INFORMATION** |
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| **Why is the student enrolling at SDE?\*** | **[ ]  Course/Subject not offered by base school**  | **[ ]  Course/Subject offered by base school but student unable to access due to timetable clash or other special circumstances** |

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| **SECTION 8: PRINCIPAL’S DECLARATION\*** (to be completed by the principal of the base school) |
| The details in this form are correct.All supporting documentation (i.e. evidence of completion of prerequisite courses/subjects and school reports) is included in this application.My school:* acknowledges that participation in scheduled SDE lessons may be mandatory and will support the student to meet this requirement
* will co-operate fully with the SDE in all matters relating to the assessment/progress of enrolled students
* will provide a suitable learning environment, including appropriate technology
* will co-operate with the SDE in matters regarding the student’s educational program
* will provide appropriate support and supervision
* will be liable for any replacement cost for damaged or unreturned learning materials
* is responsible for forwarding applicable fees to the SDE
* agrees to participate in the flexible arrangement for the agreed period of the current school year
* will communicate with parents/carers of students, including informing them about this arrangement for their child’s learning.
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| **Principal’s name** |  |
| **Principal’s signature** |  | **Date** |  **/ /**  |

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| **SECTION 9: SDE OFFICE USE ONLY** |
| **Enrolment decision** | **Has the prospective student been accepted for enrolment? [ ]  Yes [ ]  No (applicant advised in writing)****If no, indicate reason:** **[ ]  School does not offer year level the prospective student is seeking to be enrolled in****[ ]  The course(s)/subject(s) are not offered by the SDE** |
| **Date enrolment processed** |  **/ /**  | **Year level** |  | **Roll Class** |  | **Course/****Subject Class(es)** |  |
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| **Invoice date** |  **/ /**  |  |  |
| **FTE allocation for SDE (0.2 per subject)** |  | **Pick-list** |  | **Timetable** |  |