

**Form 1 - Student Transfer Note**

*Education (General Provisions) Act 2006* Chapter 14  
Approved Form Version 1.4

**STUDENT TRANSFER NOTE**

This document is to be completed by the former principal upon cessation of enrolment at the request of the relevant person (s.386 of the *Education (General Provisions) Act 2006* ('EGPA')), or at the request of the new principal upon receiving an application for enrolment (s.387 of the EGPA). The information in this document will assist a new principal with ensuring the continuity of the student's educational program and meet duty of care obligations in relation to the student and school community. Information provided in this Student Transfer Note by the former principal must be factual, succinct and objective. The completed Student Transfer Note and attached relevant documents is to be given to the relevant person, or the new principal.

The Department of Education is collecting information in this form in accordance with *Chapter 14* of the EGPA in order to create a consistent student transfer system for movement between any schools within Queensland. This information and relevant documents that will be attached to the Student Transfer Note will only be accessed by authorised employees of the schools who are giving and receiving the transfer note, and will not be given to any other person or agency unless permitted or required by law.

**Student Identifying Information**

Student name:

Date of birth:

Student numbers: LUI - Learner Unique Identifier (applicable to secondary students only):  
AIMS ID - Adjustment Information Management System ID:

**Custody or Guardianship Orders**

Are there any of the following legal, care and protection matters:

- Formal legal arrangements in place where parents are separated (such as *parenting agreements, Family Court Orders*): Yes  No
- Children and young people in out-of-home care: Yes  No

**Medical Details**Is the school aware if the child has any medical conditions? Yes  No Does the child have a current Action Plan/s (e.g. for anaphylaxis or asthma)? Yes  No  If **Yes**, attach copy.

*Please note: Action Plans are standardised proformas completed by a medical practitioner. Schools follow the directions described in the Action Plan as required.*

Does the child have a current health plan/s (e.g. individual or emergency)? Yes  No  If **Yes**, attach copy.

*Please Note: Individual Health Plans (IHPs) and Emergency Health Plans (EHPs) have been designed for a specific setting and implemented by staff who have received specialised health training. As such, they cannot be implemented in a new setting without revision to suit the new school context.*

**School Details**

Name of School:

School Street Address:

Contact Person: Principal

Phone:

**Level of Schooling**

Year Level: Semester:

*For state school students:*

State Education entitlement as at date:

Basic Semester Allocation<sup>1</sup>: 24 or 26

Semesters Completed:

Remaining Semester Allocation:

<sup>1</sup> Students who commenced schooling prior to 2007 (i.e. before the introduction of Prep in Queensland) are entitled to a basic allocation of 24 semesters. Students who commenced schooling after 2007 (i.e. after the introduction of Prep in Queensland) are entitled to a basic allocation of 26 semesters.

Has there been an application for additional semesters? Yes  No  If **Yes**, attach completed application form and decision notice.

*For non-state school students:*

If student is transferring from a non-state school, the number of semesters completed at this school: \_\_\_\_\_

### School Attendance

During the previous school term the student has been absent \_\_\_\_ day/s without reasonable explanation.

Date of last attendance at this school:

### Educational Performance

Student performance data:

Year 3 NAPLAN Test:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Year 5 NAPLAN Test:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Year 7 NAPLAN Test:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Year 9 NAPLAN Test:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Latest report card available? Yes  No  If **Yes**, attach copy.

For secondary students only, any other qualifications? Yes  No  If **Yes**, attach copy.

### Education Adjustment Program (EAP)

Relevant EAP consent form has been signed by the parent? Yes  No  N/A   
If **Yes**, attach copy.

Is there a Verification of Disability report in an EAP category? Yes  No  N/A   
Criterion 1 attachments Yes  No  N/A   
Criterion 2 attachments Yes  No  N/A

If **Yes**, attach copies, and attach the student's Adjustment Information Management System (AIMS) Student Details Report or copies of other relevant EAP documents.

### Educational Support

Any current Individual Support Plans or Records? If **Yes**, attach copy:

Individual Curriculum Plan:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personalised Learning Plans/Records	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Senior Education and Training (SET) Plan (or equivalent):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (e.g. mental health plan, education support plan, including support provisions):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Behavioural Issues

Has the student been suspended or excluded from school in the last 12 months? If **Yes**, advise the number of incidents against each of the grounds in the space provided ( ) and attach any relevant disciplinary decision letters (e.g. suspension and exclusion notices).

Disobedience	Yes <input type="checkbox"/>	No <input type="checkbox"/>	( )
Misbehaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	( )
Conduct that adversely affects, or is likely to adversely affect:			
o other students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	( )
o the good order and management of the school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	( )
The student's attendance at the school posed an unacceptable risk to the safety or wellbeing of other students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	( )

Did the student have an Individual Behaviour Support Plan in the last 12 months? Yes  No  If **Yes**, attach copy

Date of issue of Student Transfer Note: \_\_\_\_\_