

# Mareeba State High School

*“Building a Better Future Together”*



## Enrolment Application Forms

### HOW TO ENROL YOUR CHILD

1. Read and discuss the Enrolment information booklet with your child.
2. Complete all pages of this Enrolment Application Booklet.
3. Contact the school between 8.00am and 3.30pm from Monday to Friday on 4086 2777 to arrange an enrolment interview. We encourage parents to make appointments as soon as they have made their decision, so we can prepare for the forthcoming year. Interviews take approximately 30 minutes.

We ask that the student enrolling and parent(s) / carer(s) attend the enrolment interview which will be held at Mareeba State High School's Administration building.

#### **The Purpose of the interview**

1. Ensure enrolment paperwork is completed correctly.
2. To discuss your child's successful transition into our school.
3. To ensure appropriate subject selection is completed for your child.

#### **What to bring to the Enrolment Interview**

1. A copy of your child's most recent report and NAPLAN results.
2. Birth Certificate or Certified Extract.
3. Any documents pertaining to special needs verification, learning support, custodial issues etc (only if applicable).
4. The completed **Application for Student Enrolment Forms** (This Booklet).



## Enrolment Application Forms Contents

Please complete all pages of this Enrolment Application Booklet

	Page
Application for Student Enrolment Form	3 – 8
Support Notes Parent occupation groups, Standardised Medical Conditions, Enrolment notes	9 – 11
Additional Student Support Information	12
Internet and School Network Access Agreement	13
Online Service Risk Consent Form	14
Copyright Consent Form	15 – 16
Sporting Activities Consent Form	17 -18
Chaplaincy Program & Service Consent Form	19
Enrolment Agreement Form	20
<u>Optional</u> Instrumental Music Program Expression of Interest (EOI) Form	21

Mareeba State High School *"Building a Better Future Together"*

# 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* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name		Preferred given names	
Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	____ / ____ / ____
Copy of birth certificate available to show school staff*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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.</p> <p>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.</p> <p>For international students approved for enrolment by EQI, a passport or visa will be acceptable.</p>	
For prospective mature age students, proof of identity supplied and copied*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Prospective mature age students must provide photographic identification which proves their identity:</p> <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	
Sex	<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	Parent/Carer to received absentee SMS messages	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Carer to received absentee SMS messages
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				
Employer name				
Occupation				
What is the occupation group of the parent/carer?	(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter '8')		(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter '8')	
Country of birth				
Country of residence				
Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent/carer an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent/carer a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**FAMILY DETAILS (continued)**

Parents/Carers	Parent/Carer 1		Parent/Carer 2	
Address line 1				
Address line 2				
Suburb/town				
State		Postcode		Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')				
Address line 1				
Address line 2				
Suburb/town				
State		Postcode		Postcode
Parent/carer school education	What is the highest year of schooling parent/carer 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')		What is the highest year of schooling parent/carer 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')	
Year 9 or equivalent or below	<input type="checkbox"/>		<input type="checkbox"/>	
Year 10 or equivalent	<input type="checkbox"/>		<input type="checkbox"/>	
Year 11 or equivalent	<input type="checkbox"/>		<input type="checkbox"/>	
Year 12 or equivalent	<input type="checkbox"/>		<input type="checkbox"/>	
Parent/carer non-school education	What is the level of the <i>highest</i> qualification parent/carer 1 has completed?		What is the level of the <i>highest</i> qualification parent/carer 2 has completed?	
Certificate I to IV (including trade certificate)	<input type="checkbox"/>		<input type="checkbox"/>	
Advanced Diploma/Diploma	<input type="checkbox"/>		<input type="checkbox"/>	
Bachelor degree or above	<input type="checkbox"/>		<input type="checkbox"/>	
No non-school qualification	<input type="checkbox"/>		<input type="checkbox"/>	

**COUNTRY OF BIRTH\***

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

**PROSPECTIVE STUDENT LANGUAGE DETAILS**

Does the prospective student speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
---	---

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

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

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

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

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

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

Passport number		Passport expiry date	
Visa number		Visa expiry date (if applicable)	
Visa sub class			

**PROSPECTIVE STUDENT'S PREVIOUS EDUCATION / ACTIVITY**

Where does the prospective student come from?	<input type="checkbox"/> Queensland <input type="checkbox"/> interstate <input type="checkbox"/> overseas		
Previous education/activity	<input type="checkbox"/> Kindergarten <input type="checkbox"/> School <input type="checkbox"/> VET <input type="checkbox"/> Home education <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Other		
Please provide name and address of education provider/activity provider/employer			

**RELIGIOUS INSTRUCTION\***

From Year 1, the prospective student may participate in religious instruction if it is available.

If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.

Parents/carers may change these arrangements at any time by notifying the principal in writing.

Do you want the prospective student to participate in religious instruction?

☐ Yes    ☐ No

If 'Yes', please nominate the religion:

**PROSPECTIVE STUDENT ADDRESS DETAILS\***

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

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

	Emergency contact	Emergency contact
Name		
Relationship (e.g. aunt)		
1 <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.

<b>No known medical conditions</b>	<input type="checkbox"/>		
<b>Medical condition (ANAPHYLAXIS), symptoms and management</b>	<input type="checkbox"/> If Yes, List allergens: ..... List Symptoms: ..... EpiPen required: No <input type="checkbox"/> Yes <input type="checkbox"/> - Parent to supply school with EpiPen <b>RED Action Plan for Anaphylaxis to be completed</b>		
<b>Medical condition (ALLERGY), symptoms and management</b>	<input type="checkbox"/> If Yes, List allergens: ..... List Symptoms: ..... Management: ..... Medication required: No <input type="checkbox"/> Yes <input type="checkbox"/> Self-managed <input type="checkbox"/> Parent to supply school with medication <input type="checkbox"/> <b>GREEN Action Plan for Allergic Reactions to be completed</b>		
<b>Medical condition (ASTHMA), symptoms and management</b>	<input type="checkbox"/> If Yes, List Symptoms: ..... Management: ..... Ventolin required: No <input type="checkbox"/> Yes <input type="checkbox"/> Self-managed <input type="checkbox"/> (Student carries own Ventolin) Parent to supply school with Ventolin <input type="checkbox"/> <b>Asthma Care Plan for Education and Care Services to be completed</b>		
<b>Medical condition (DIABETES/SEIZURES), symptoms and management</b>	<input type="checkbox"/> If Yes – Management: ..... Medication required: No <input type="checkbox"/> Yes <input type="checkbox"/> Self-administered/monitored <input type="checkbox"/> <b>State Schools Nursing Services Forms to be completed</b>		
<b>Medical condition (OTHER), symptoms and management</b>	(please refer to the list of Medical Condition categories provided)		
<b>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.</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes please specify ..... .....	
<b>Name of prospective student's medical practitioner (optional)</b>		<b>Contact number of medical practitioner</b>	
<b>Medicare card number (optional)</b>		<b>Position Number</b>	
<b>Cardholder name (if not in name of prospective student)</b>			
<b>Private health insurance company name (if covered) (optional)</b>		<b>Private health insurance membership number (leave blank if company name is not provided)</b>	
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.

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

COURT ORDERS* (continued)		
<b>Family Court Orders*</b>		
Are there any current orders made pursuant to the <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	
	End date	
<b>Other Court Orders*</b>		
Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the dates of the court order? Please provide a copy of the court order.	Commencement date	
	End date	

APPLICATION TO ENROL*			
I hereby apply to enrol my child or myself at _____.			
I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.			
	Parent/carer 1	Parent/carer 2	Prospective student (if student is mature age or independent)
Signature			
Date			

**NOTE:** Please continue to Page 10 for additional enrolment consent forms.

Office use only							
Enrolment decision	Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing)  If no, indicate reason: <input type="checkbox"/> Does not meet School EMP or Enrolment Eligibility Plan requirements <input type="checkbox"/> Prospective student is mature age and school is not a mature age state school <input type="checkbox"/> Does not meet Prep age eligibility requirement <input type="checkbox"/> Prospective student is subject to suspension from a state school at the time of enrolment application <input type="checkbox"/> Does not meet requirements for enrolment in a state special school <input type="checkbox"/> Does not have an approved flexible arrangement with the school <input type="checkbox"/> School does not offer year level prospective student is seeking to be enrolled in <input type="checkbox"/> Prospective student has no remaining semester allocation of state education						
Date enrolment processed		Year level		Roll Class		EQ ID	
Independent student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate/passport sighted, number recorded and DOB confirmed			<input type="checkbox"/> Yes ..... <input type="checkbox"/> No		
Is the prospective student over 18 years of age at the time of enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, is the prospective student exempt from the mature age student process? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, has the prospective mature age student consented to a criminal history check? <input type="checkbox"/> Yes <input type="checkbox"/> No							
School house/ team				EAL/D support	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> To be determined
FTE		Associated Unit		Visa and associated documents sighted			<input type="checkbox"/> Yes <input type="checkbox"/> No
EQI category	SV – student visa                      EX – exchange student TV – temporary visa                  DE – distance education DS – dependent – parent on student visa						



**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



## Additional Student Support Information

Name: _____		Year Level: _____		
<b>General – Complex Needs that are not a Disability</b>		<b>Cognitive</b>		
<input type="checkbox"/> Behaviour		<input type="checkbox"/> Attention Deficit (ADD)		
<input type="checkbox"/> English as an Additional Language or Dialect EAL/D		<input type="checkbox"/> Attention Deficit Hyper-Activity Disorder (ADHD)		
<input type="checkbox"/> Gifted and Talented		<input type="checkbox"/> Dyslexia		
<input type="checkbox"/> Learning Difficulties		<input type="checkbox"/> Intellectual Impairment		
<input type="checkbox"/> Out of Home Care		<input type="checkbox"/> Foetal – Alcohol Syndrome		
<input type="checkbox"/> Refugee		<input type="checkbox"/> Cognitive - Other		
<input type="checkbox"/> General - Other				
<b>Physical</b>		<b>Social / Emotional</b>		
<input type="checkbox"/> Physical Impairment (PI)		<input type="checkbox"/> Anxiety Disorder		
<input type="checkbox"/> Downs Syndrome		<input type="checkbox"/> Autistic Spectrum Disorder (ASD)		
<input type="checkbox"/> Physical - Other		<input type="checkbox"/> Conduct Disorder (CD)		
		<input type="checkbox"/> Oppositional Defiance Disorder (ODD)		
		<input type="checkbox"/> Reactive Attachment Disorder (RAD)		
		<input type="checkbox"/> Self-Harm		
		<input type="checkbox"/> Trauma / Post Traumatic Stress Disorder (PTSD)		
		<input type="checkbox"/> Social / Emotional - Other		
<b>Sensory</b>		<b>General Support Needs or DDA Disability</b>		
<input type="checkbox"/> Hearing Impairment (HI)				
<input type="checkbox"/> Visual Impairment (VI)				
<input type="checkbox"/> Sensory Processing Disorder				
<input type="checkbox"/> Sensory - Other				
<b>Presenting Conditions</b>				<b>Potential Impacts</b>

Parent / Caregiver Information	Medical and / or Educational Records	External Agency Information	Previous School and / or Educational System Records	Other
<input type="checkbox"/> Documented <input type="checkbox"/> Verbal	<input type="checkbox"/> Documented <input type="checkbox"/> Verbal	<input type="checkbox"/> Documented <input type="checkbox"/> Verbal	<input type="checkbox"/> Documented <input type="checkbox"/> Verbal	<input type="checkbox"/> Documented <input type="checkbox"/> Verbal



## Internet and School Network Access Policy

Student Name: \_\_\_\_\_

I have read and understood Mareeba State High School's Computer Network and Internet Acceptable Use Policy and agree to abide by guidelines provided.

While using the Internet, if I accidentally come across something that is illegal, dangerous or offensive, I will:

- a) clear any offensive pictures or information from my screen; and
- b) immediately, quietly, inform my teacher.

- I will not reveal home addresses or phone numbers – mine or anyone else's.
- I will not use the Internet to annoy or offend anyone else.
- I understand that if the school decides I have broken these rules, appropriate action will be taken. This may include the loss of Internet and/or school network access for a period of time.

Student's name \_\_\_\_\_ Year Level \_\_\_\_\_  
Student's signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent or Carer

I understand that the use of the school network and the Internet can provide students with valuable learning experiences.

I also understand that it gives access to information on computers around the world; that the school cannot control what is on those computers; and that a very small part of that information can be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information will depend finally upon responsible use by students.

I believe \_\_\_\_\_ (*Name of student*) understands this responsibility, and I hereby give my permission for him/her to use the school network and access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. This may include the loss of Internet and/or school network access for a period of time.

Parent's /Carer's name \_\_\_\_\_

Parent's /Carer's signature \_\_\_\_\_ Date \_\_\_\_\_



## Online Service Risk Consent Form

### Information covered by this consent form

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
- Student Photo
- Parent email

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.*

Before you complete this consent form it is important that you understand the reasons that these websites collect this information, what will be done with it, who else may have access to it and where the data is stored. This information can be found in the hyperlinks below referring to each website's terms and conditions and/or privacy policy.

Please read these and ensure that you understand the implications of using this service before giving your consent. If you have any queries around the storage of student's information, please feel free to contact the school office on 4086 2777.

Students Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Below are the Online service provider/s:	Subject	Consent	Do not consent
	<b>All Websites below</b>	Yes	No
<a href="https://www.binnacletraining.com.au/">https://www.binnacletraining.com.au/</a>	Cert III Fitness	Yes	No
<a href="https://www.clickview.com.au/">https://www.clickview.com.au/</a>	General use	Yes	No
<a href="https://www.edrolo.com.au/">https://www.edrolo.com.au/</a>	HPE	Yes	No
<a href="https://www.educationperfect.com/">https://www.educationperfect.com/</a>	Science	Yes	No
<a href="https://www.geogebra.org/">https://www.geogebra.org/</a>	Maths	Yes	No
<a href="https://www.mangahigh.com/en-au/">https://www.mangahigh.com/en-au/</a>	Maths	Yes	No
<a href="https://www.storyboardthat.com/">https://www.storyboardthat.com/</a>	VPA	Yes	No
<a href="https://www.turnitin.com/">https://www.turnitin.com/</a>	Year 11 & 12 Subjects	Yes	No
<a href="https://www.typingclub.com/">https://www.typingclub.com/</a>	The Arts/Year 7	Yes	No
<a href="https://www.typing.com/">https://www.typing.com/</a>	The Arts/Year 7	Yes	No
<a href="https://mathspace.co/au">https://mathspace.co/au</a>	Maths	Yes	No
<a href="https://quizizz.com/">https://quizizz.com/</a>	Science	Yes	No
<a href="https://pathways.cloud/">https://pathways.cloud/</a>	Year 10, 11 & 12	Yes	No
<a href="https://concordinfiniti.com/">https://concordinfiniti.com/</a>	General use	Yes	No

As a parent or carer of this student, I have read the terms of use and privacy policy of each of the websites listed. I understand that my student's personal information will be provided to these online providers for the purpose of my student's registration and use of the software programs and that this information may be stored outside of Australia. I also understand that this list is subject to additions and amendments throughout the school year.

Parent/Carer's Name

Parent/Carer's Signature

Date

#### 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.



## Copyright Consent Form

to use, record or disclose copyright material, image, recording, name or personal information

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

### 1 STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of School: **Mareeba State High School** Year Level: \_\_\_\_\_

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

Permission to use **Student Photo** Yes ☐ / No\*\* ☐ **Student Full Name** Yes ☐ or First name only ☐ or No 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. \*\*Please note if you select No Photo – this may affect class photos, merchandise or photo packages purchased through external school photography companies.

### 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.
- The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
  - School website: <https://mareebashs.eq.edu.au>
  - School Facebook page: <https://www.facebook.com/mareebastatehighschool>
  - Schoolzine online newsletter: <https://www.schoolzine.com>
  - Local Newspapers: The Express, The Cairns Post and others
  - Student ID photos will be uploaded to the library loan system
  - Traditional and online media, printer materials, digital platforms' promotional materials, presentations and displays.

### 4 TIMEFRAME OF CONSENT

This consent will be valid for the duration of the student's enrolment at Mareeba State High School

### 5 LIMITATION OF CONSENT

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

---

---

---

---

## 6 CONSENT AND AGREEMENT

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

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

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3. By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third-party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Print Name of Student	Signature of Student (if applicable)	Date
Name of Parent / Carer giving consent	Signature of Parent / Carer giving consent	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. 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.*





## Sporting Activities Consent Form

Dear Parent/Carer

During the year there are multiple excursions / activities that occur as part of our yearly sport's calendar.

These excursions include but are not limited to:

- **Swimming Carnival** at Mareeba Swimming pool in Term 1.  
The inherent risk level of this activity is high. Students will meet at school and walk to the pool together.
- **Cross Country Carnival** held around the Mareeba Lakes and school grounds in Term 1.  
The inherent risk level of this activity is medium.
- **Athletics Carnival** to be held at school in Term 2.  
The inherent risk level of these activities is high.
  - Discus
  - High Jump
  - Javelin

The above activities will be supervised by qualified staff.

For your student to participate in the listed sporting events please sign the permission form overleaf.

Contact the school office on 4086 2777 if you have any questions regarding this letter.

**Regan Gant**  
Principal

**Leonard Hodges**  
Head of Department Health

**Privacy Statement**

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.



## Sporting Activities Consent Form

### Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

### Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant [Queensland Chief Health Officer's Directions](#).
- I give consent for (Entre Students Name), \_\_\_\_\_ to participate in the identified activity.

Parent/Carer or Student if independent*	Name:		
	Signature:		Date:

\*Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.

### Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

---



---



---

### You may also wish to update/provide the following optional information:

Name of child/student's medical practitioner:		Phone No.	
Medicare No.:			
Private Health Insurance Company (if applicable):		Membership No	

☐ I would like this additional information to be recorded in OneSchool records.

### Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant [Queensland Chief Health Officer's Directions](#).

Source: [https://gedu.sharepoint.com/:w:/r/sites/2058/MSHS/\\_layouts/15/Doc.aspx?sourcedoc=%7B15A2401D-2D42-4A08-B3BA-DB564B8D786B%7D&file=Activity%20Excursion%20consent%20template.docx&action=default&mobileredirect=true](https://gedu.sharepoint.com/:w:/r/sites/2058/MSHS/_layouts/15/Doc.aspx?sourcedoc=%7B15A2401D-2D42-4A08-B3BA-DB564B8D786B%7D&file=Activity%20Excursion%20consent%20template.docx&action=default&mobileredirect=true)



## Chaplaincy Program and Services Consent Form

Parent Name/s	
Student Name (in full)	
Student Year Level	

Mareeba State High School provides a chaplaincy service, which is approved by the school's Parents and Citizens' Association and is available to all students. The chaplain is employed through Scripture Union Queensland. Chaplains provide social, emotional and spiritual support to students and the school community and are inclusive of and show respect for all religious and non-religious beliefs and other stances represented in the school community.

Information about the school's chaplaincy service is available on the school's website and through newsletters. Further information about the chaplaincy and student welfare worker program, including definitions, is located on the department's website at <https://education.qld.gov.au/students/student-health-safety-wellbeing/student-support-services/chaplaincy-student-wellbeing-officer-services>.

Your child may access the chaplain and/or indicated an interest in meeting individually with them on a regular or ongoing basis. For this to occur, written informed consent is required.

The focus of these meetings, which may occur during lesson time or within the broader school day, will be determined by your student's needs, however chaplains are not allowed to provide counselling. If a referral to an external agency or service is required, the chaplain must have the approval of the principal, deputy principal or guidance officer and your consent.

Consent provided on this form will be considered valid for the duration of the chaplain's involvement in supporting the student. Information on this form will be stored securely.

If you would like to discuss this matter, please contact myself or the School Chaplain, Rebecca Franco on (07) 4086 2777.

Yours sincerely

*Regan Gant*

**Principal**

Please indicate whether you consent to ongoing individual meetings with the chaplain. You can change your preference at any time by letting the Principal know in writing.

- ☐ I consent to (Student name) \_\_\_\_\_ meeting with the chaplain
- ☐ I do not consent to (Student name) \_\_\_\_\_ meeting with the chaplain

Parent's/Student Signature: \_\_\_\_\_

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

Office Use:					
Retain original in the student's file and provide a copy of notice to the chaplain/student welfare worker.					
Does the student/ parent require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has an interpreter been used to explain this information?	Yes <input type="checkbox"/> No <input type="checkbox"/>	The principal has determined that the student has the capacity to make an informed decision about their participation in ongoing one-on-one meetings with the chaplain/student welfare worker.	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Privacy Notice

The Department of Education is collecting personal information about the student in this form for the purpose of recording consent for participation in one-on-one meetings with the school's chaplain or student welfare worker. This form will be stored securely at school and only be accessed by the chaplain, the school's student support team and the principal. The personal information collected here will not otherwise be used or disclosed unless you consent, or the use or disclosure is authorised by law.



## Enrolment Agreement Form

I, \_\_\_\_\_ accept the rules and regulations of the Mareeba State High School, as stated in the school policies that have been provided to me, as follows:

- ☐ Positive Behaviour for Learning (PBL)
- ☐ Student Code of Conduct
- ☐ Student Uniform Dress Standard
- ☐ Student Resource Scheme Participation Agreement(SRS)
- ☐ SunSmart Policy
- ☐ Internet and School Network Access Policy and Consent Form
- ☐ Copyright Consent Form
- ☐ Assessment Policy
- ☐ Homework Policy
- ☐ Preventing and Responding to Bullying Policy
- ☐ Use of mobile phones and other devices by students
- ☐ Attendance Policy
- ☐ Online Service Risk Review, Register & Consent Form
- ☐ Emergency Evacuation and Lockdown Procedure
- ☐ QParents App – Your child's student information online
- ☐ Parent and Community Code of Conduct
- ☐ Putting Things Right - Complaints management
- ☐ Family Court Matters and General Information
- ☐ Community Education Counsellor
- ☐ Chaplaincy Program & Services Consent Form
- ☐ Sporting Activities Consent Form
- ☐ Instrumental Music Program (EOI) - Optional
- ☐ Smart Choices, Tuckshop & Flexischool App – Online Ordering

***I acknowledge:***

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

---

Student Signature:

---

Parent/Carer Signature:

---

On behalf of Mareeba State High School



## Instrumental Music Program

### Expression of Interest (EOI)

The instruments taught in the Instrumental Music Program are those of the Concert Band, and include:

**Brass:** Trumpet; Trombone; Baritone/Euphonium; French Horn; Tuba

**Woodwind:** Flute/Piccolo; Clarinet/Bass Clarinet; Saxophone (Alto/Tenor); Oboe

**Percussion:** Various instruments. The drum kit is not taught in the first levels of the program

**Bass guitar:** Only a limited number required

Students interested in learning the drum kit, acoustic guitar and piano are encouraged to join the classroom music program, where there is an opportunity to develop some skills on these instruments. Of course, students can learn music in the classroom, and learn a band instrument in Instrumental Music as well.

#### Some important points:

- Students learn to play an instrument of the concert band and learn to read music. Participation can contribute to QCE points for senior students.
- Prior experience is not necessary for acceptance into the program as high school-age students can learn quickly with practice.
- Students attend a 35minute lesson and also a band rehearsal lesson each week. The Band lesson is held after school on Wednesdays.

**Please complete the Parent/Carer details below, if your child is interested in applying for a place in the program.**

Student name: ..... Year Level: .....

Previous school or primary school: .....

Please name any instruments you have already learnt to play: .....

.....

Instruments I am interested in learning (from the list above – shaded area): .....

.....

Parent/Carer name: .....

Parent/Carer email address: .....

Phone number: .....

Parent/Carer signature: .....

**Thank you for completing the details.**

The Instrumental Music teacher will contact you as soon as possible after receipt of this expression of interest.