



APPLICATION FOR ENROLMENT

APPLICANT DETAILS						
STUDENT NAME						
CURRENT SCHOOL						
STUDENT ADDRESS						
PARENT/CARER NAME						
PARENT/CARER PHONE						
PARENT/CARER EMAIL						
FINANCIAL RESPONSIBILITY						
OFFICE USE ONLY						
CATCHMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	STAFF VERIFIED			
SIBLING	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
DATE APPLICATION RECEIVED	_____		RECEIVED BY			
YEAR LEVEL	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
YEAR OF ENROLMENT	<input type="checkbox"/> 2025		<input type="checkbox"/> 2026		<input type="checkbox"/> 2027	
ENROLMENT INTERVIEW	DATE: _____ WITH: _____				COMPLETED <input type="checkbox"/>	
ENROLMENT START DATE	_____					



ENROLMENT GUIDE

Steps to Enrolment

Step 1: Complete an Enrolment Application and relevant documents as per the checklist (see page 3 of Enrolment Application)

Step 2: Return completed Enrolment Application and relevant documents as per the checklist (page 3)

Step 3: All documents can be returned in person to Administration or via email at:
enrolments@rosewoodshs.eq.edu.au

Year 7 – 12 – You will receive an invitation to attend an Enrolment Information Session if your enrolment is for the following year OR an Enrolment Interview time if commencing ASAP

Successful Enrolment

Year 7 Enrolment for the following year - Upon acceptance after a successful enrolment application and interview, students commencing Year 7 will start on the first day of the new school year. Please note Transition Day details below.

Enrolments starting ASAP – If a student is commencing throughout the year the administration team will advise of their commencement date in consultation with the family. Students are to arrive wearing their full school uniform and report to administration by 8:30am. Students will receive their timetable and be escorted to their first class.

TRANSITION DAY (YEAR 7 ONLY)

The Monday of Week 10, Term 4 is the date for all future enrolled Year 7 students to come and spend the day at Rosewood State High School. This orientation day enables students to meet teachers, see the school and partake in some classes.

All students must have an enrolment application fully completed to attend. Students are to arrive at Rosewood State High School by 8:30am to start the day.

Transport to and from the Transition Day is to be organised by parents/caregivers.



ENROLMENT CHECKLIST

The checklist below allows for a smooth enrolment application process. Please tick (v) to ensure you have completed and included the following documents with your Application for Enrolment into Rosewood State High School.

- Please ensure you bring originals of **ALL** documents required or email with your application.
- Please ensure all appropriate forms are **FULLY COMPLETED** before returning to the school for the enrolment interview

APPLICANT NAME		
All forms completed and signed	Parent checklist please v	OFFICE USE ONLY
Application for Enrolment		
Driver's Licence - original sighted and copied		
Medicare Card – original sighted and copied		
Student Identification and information		
Birth Certificate – original must be sighted and copied		
Student's School Reports – 2 recent reports		
NAPLAN Report – most recent		
Relevant Legal Guardianship Documentation		
Acceptable Proof of Residency		
Home Owner: <ul style="list-style-type: none">➤ Signed, unconditional sale agreement or➤ Current Council Rates notice; and➤ Current account for supply of domestic electricity (showing usage)		
Lease Holder: <ul style="list-style-type: none">➤ Current Rental Agreement stamped and signed by real estate agency (lease must extend past child's expected start date); or➤ Department of Housing, State Tenancy Agreement; or➤ Authority (RTA) for lodgement of the rental bond; and➤ Current account for supply of domestic electricity (showing usage)		
Students living with a relative or other person within catchment: In addition to the documents listed above, students living with a relative/other person within catchment must provide the following: <ul style="list-style-type: none">➤ Properly sworn Statutory Declaration from the student's parent/legal guardian; and➤ Properly sworn Statutory Declaration from the person/s the student will be residing with in-catchment➤ Statutory Declaration form provided upon request		



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	
Gender*	<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"> • current driver's licence; or • adult proof of age card; or • current passport. 	



APPLICATION DETAILS				
Has the prospective student ever attended a Queensland state school?	<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 st Phone contact number*	Work/home/mobile	Work/home/mobile
2 nd Phone contact number*	Work/home/mobile	Work/home/mobile
3 rd 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 <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 <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 <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>
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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 st phone contact number*	Work/home/mobile	Work/home/mobile
2 nd phone contact number*	Work/home/mobile	Work/home/mobile
3 rd 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: <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 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 <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 TV – temporary visa DS – dependent – parent on student visa		EX – exchange student DE – distance education	

Parental occupation groups for use with parent/carer details

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

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

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

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

Defence Forces commissioned officer

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

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

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

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

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

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

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

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

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

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

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

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

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

Defence Forces senior Non-Commissioned Officer.

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

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

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

Skilled office, sales and service staff:

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

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

Service [aged/disabled/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 - Thalasassaemia
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.



STUDENT SUPPORT

STUDENT SUPPORT DETAILS (complete as appropriate and provide details/reports with application)

Has the student been identified with any of the following:	Diagnosed	Report/Document
➤ Hearing Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Speech Language Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Physical Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Intellectual Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Autistic Spectrum Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Vision Impairment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the student received learning support in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Details

Has the student received support from a Special Education Program ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Details

Does the student have English as a Second Language or EAL/D ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Details

Has the student received speech language support in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Details

Has the student been identified as gifted & talented ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Details

Has your student experienced behavioural incidents during their time at school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Details

Is the student in the care of Department of Child Safety -DOCS ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Details

Are there any court orders or legal matters relating to the student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Details

Any other relevant information in relation to the support of the student ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

Details

RECENT TESTS

Hearing test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: __/__/__	Eye test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: __/__/__
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MEDICAL HISTORY – Has your student seen any of the following?

	Contact Name	Phone Number
<input type="checkbox"/> Guidance Officer		
<input type="checkbox"/> Speech Language Pathologist		
<input type="checkbox"/> Optometrist		
<input type="checkbox"/> Audiologist		
<input type="checkbox"/> Paediatrician		
<input type="checkbox"/> Psychologist		
<input type="checkbox"/> Occupational Therapist		
<input type="checkbox"/> Physiotherapist		
Other (please specify)		



MEDICAL CONDITIONS

MEDICAL CONDITION DETAILS (complete as appropriate and provide details/reports /plans with application)

Medical Condition identified in Enrolment – please complete where applicable.	Diagnosed	Self-Managed (Yes: Complete Section B – Consent to Administer Medication)	Action Plan Required	Action Plan/Medical Authority Submitted
➤ Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Diabetes (Type - _____)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ ADHD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Other (please state)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ Medication required to be administered at school	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please complete the following forms with medical approval:		
		<input type="checkbox"/> Consent to administer medication or		
		<input type="checkbox"/> Medication order to administer 'as needed' medication		
		<input type="checkbox"/> Consent Form Share Student Personal Information third parties		

Medical Condition Management

Details of **Asthma** Management:

Details of **Allergies** (Types):

Details of **Anaphylaxis** Management:

Details of **Epilepsy** Management:

Details of **Diabetes** Management:

Details of **Cystic Fibrosis** Management:

Details of **ADHD** Management:

Details of **Other** Management:

MEDICAL PROFESSIONALS – Has your student seen any of the following?

	Contact Name	Phone Number
<input type="checkbox"/> GP		
<input type="checkbox"/> Paediatrician		
<input type="checkbox"/> Psychologist		
<input type="checkbox"/> Specialist of Field		
Other (please specify)		



ENROLMENT AGREEMENT

This enrolment agreement sets out the responsibilities of the student, parents or carers and the school staff about the education of students enrolled at Rosewood State High School.

Responsibility of student to:

- attend school on every day for the education program in which they are enrolled, on time, ready to learn and take part in school activities
- act at all times with respect and show tolerance towards other students and staff
- work hard and comply with request or directions from the teacher and principal
- abide by school rules as outlined in the school's Student Code of Conduct for students, including not bringing items to school which could be considered as weapons (eg: dangerous items such as knives)
- meet homework requirements and wear the school uniform
- respect the school property

Responsibility of parents/carers to:

- ensure your child attends school on every school day for the educational program in which they are enrolled
- attend open meetings for parents
- let the school know if there are any problems that may affect your child's ability to learn
- ensure your child complete homework regularly in keeping with the school's homework policy
- inform school of student absences and reasons for absences in a timely manner
- treat school staff with respect
- support the authority of school staff thereby supporting their efforts to educate your child and assist your child to achieve maturity, self discipline and self control
- not allow your child to bring dangerous or inappropriate items to school
- abide by school's instructions regarding access to school grounds before, during and after school hours
- advise Principal if your student is in the care of the State
- keep the school informed of any changes to student's details, such as student's home address and phone number

Responsibility of school staff to:

- design and implement engaging and flexible learning experiences for individuals and groups
- inform parents and carers regularly about how their children are progressing
- design and implement intellectually challenging learning experiences which develop language, literacy and numeracy
- create and maintain safe and supportive learning environments
- support personal development and participation in society
- foster positive and productive relationships with families and the community
- inform students, parents and carers about what the teachers aim to teach the students each term
- teach effectively and to set the highest standards in work and behaviour
- clearly articulate the school's expectations regarding the Students Code of Conduct for students and the school's Uniform Policy
- ensure that parents and carers are aware that the school does not have personal accident insurance cover for students
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved
- set, mark and monitor homework regularly in keeping with the school's homework policy
- contact parents and carers as soon as is possible if the school is concerned about the child's school work, behaviour, attendance or punctuality
- deal with complaints in an open, fair and transparent manner in accordance with departmental procedure, Complaints Management – State Schools.
- treat students and parents/carers with respect



ENROLMENT AGREEMENT (cont)

AGREEMENT	
I accept the rules and regulations of Rosewood State High School as stated in the school policies that can be viewed on the school's website - www.rosewoodshs.eq.edu.au	
	Please Initial
Student Code of Conduct	
Attendance Policy	
School Dress Code Policy	
Social Media Policy	
Personal Digital Device Policy	
ICT Acceptable Use Policy	
Complaints Management Policy	
Insurance Cover	
I acknowledge: <ul style="list-style-type: none">• That I have read and understood the responsibilities of the student, parents or carers and the school staff outlined above; and• That information about the school's current rules, policies, programs and services, as outlined above has been provided and explained to me• I hereby declare that the information given in the enrolment form is true and correct at the date of enrolment and understand that incorrect information or disagreement with school policy and procedures may render this enrolment invalid.	
SIGNATURE	DATE
Student:	___/___/___
Parent/Carer:	___/___/___
On behalf of Rosewood State High School:	___/___/___

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.

** For school photos Full Name will be used unless a limitation is given in Section 5 below.

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 and school photographs;
 - 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:

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

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. 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.



THIRD PARTY WEBSITE CONSENT FORM

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:	Arduino	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	http://auth.arduino.cc				
Purpose of use:	Website offering information, shared projects, tutorials and downloads for the Arduino platform				
Terms of use:	https://www.arduino.cc/en/terms-conditions				
Privacy policy:	https://www.arduino.cc/en/privacy-policy				

Service name:	Scratch	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	http://scratch.mit.edu.au				
Purpose of use:	Scratch is designed to instruct students to code games and animations.				
Terms of use:	https://scratch.mit.edu/terms_of_use				
Privacy policy:	https://scratch.mit.edu/privacy_policy				

Service name:	Code.org	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://code.org/				
Purpose of use:	Code.org offers courses in computer science and programming. It is a P – 12 social learning community. Teachers are able to set up an invite students to an online classroom				
Terms of use:	https://code.org/tos				
Privacy policy:	https://code.org/privacy				

Service name:	Edublogs	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	http://edublogs.org				
Purpose of use:	Edublogs provides a safe, secure and easy-to-manage platform for blogs and classroom communication.				
Terms of use:	https://edublogs.org/terms-of-service/				
Privacy policy:	https://edublogs.org/privacy-policy/				

Service name:	Pearson Place	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.pearsonplaces.com.au				
Purpose of use:	Award-winning digital resources for teachers and students. Including worksheets to interactives that can improve your teaching practice and help you progress in your learning				
Terms of use:	https://www.pearsonplaces.com.au				
Privacy policy:	https://www.pearsonplaces.com.au				

Service name:	OnGuard Safety	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.onguardsafety.com.au				
Purpose of use:	OnGuard Safety provides a comprehensive array of training resources for machinery, power tools, equipment and procedures.				
Terms of use:	https://www.onguardsafety.com.au/licensing.html				
Privacy policy:	https://www.onguardsafety.com.au/privacy.html				

Service name:	Ozobot	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://ozobot.com				
Purpose of use:	Ozobot makes coding robots that come with infinite ways to create, learn and share.				
Terms of use:	https://ozobot.com/terms-of-use				
Privacy policy:	https://ozobot.com/privacy				

Service name:	Adobe Creative Cloud	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://adobe.com/creativecloud.htm				
Purpose of use:	Design a logo or a photo collage of your big dream. Warm up a cool image in a snap. Edit a social video or a blockbuster film. Whatever you want to create, we have what you need to make it amazing.				
Terms of use:	https://adobe.com/creativecloud.htm				
Privacy policy:	https://adobe.com/creativecloud.htm				

Service name:	Oxford Digital	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.oxforddigital.com.au				
Purpose of use:	Oxford Digital allows access to award-winning digital resources including ebooks, interactives and videos.				
Terms of use:	https://www.oxforddigital.com.au/terms.html				
Privacy policy:	https://global.oup.com/privacy?cc=au				

Service name:	TinkerCAD	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://tinkercad.com				
Purpose of use:	Equips the next generation of designers and engineers with the foundational skills for innovation.				
Terms of use:	https://tinkercad.com				
Privacy policy:	https://tinkercad.com				

Service name:	Education Perfect	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	www.educationperfect.com/				
Purpose of use:	This website offers a full compliment of junior and senior curriculum including content libraries, support materials and assessment.				
Terms of use:	help.educationperfect.com				
Privacy policy:	help.educationperfect.com				

Service name:	Grok Learning	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://groklearning.com/				
Purpose of use:	Grok Learning offers an introduction to coding.				
Terms of use:	https://groklearning.com/policies/terms/				
Privacy policy:	https://groklearning.com/policies/privacy/				

Service name:	Cambridge	Data hosting:	Offshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.cambridge.org/go/				
Purpose of use:	Cambridge online allows acces to award-winning digital resources including ebooks, interactivies and videos.				
Terms of use:	https://www.cambridge.org/legal/website-terms-of-use				
Privacy policy:	https://www.cambridge.org/legal/privacy				

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:

____/____/____



Personal Digital Device Policy

Information for Parent/Guardian/Carer and Student



Student use of mobile devices:

- If students choose to bring their phone to school, they must **switch it off** and keep it in their bag during school hours or hand it in at the Wellbeing Centre
- Smartwatches and other devices can be worn, however notifications must be **switched off**
- This includes during lessons and break times, as well as other school activities

How will this work at Rosewood State High School:

Every morning students will be required to switch their phone off and put it in their bag from 8:50am – 2:55pm

Phones will stay in student's bag throughout the day and cannot send or receive calls or messages.

Students will be responsible for their phone during the school day.

At the end of the school day and when leaving the school grounds, students can remove their phone from their bag and switch it on.

Why is this happening?

This approach is being implemented in all Queensland state schools to:

- reduce distractions in the classroom
- increase face-to-face interactions between students
- promote student health and wellbeing
- reduce the potential for student exposure to negative impacts of the digital world, such as cyberbullying

For the purpose of this policy, personal digital devices include but are not limited to:

Mobile phones	earphones
Tablets	gaming devices
iPods/media players	cameras and/or recording devices
Smart watches	iPads (refer to BYOD policy)
Fitness trackers	laptops (refer to BYOD policy)

Allowable personal digital devices used contrary to this policy on school premises will be confiscated by school staff.

	Offence	Consequence
First offence	Device is visible on school grounds (except BYOD laptop/iPad)	• Device is confiscated – collection to be arranged with parent/guardian/carer
Second and subsequent offences	Device is visible on school grounds (except BYOD laptop/iPad)	• Device is confiscated – collection to be arranged with parent/guardian/carer • Suspension

Refusal to relinquish a personal digital device will result in **additional** disciplinary action.

Special Circumstances Arrangement

Students who require the use of a personal digital device in circumstances that would contravene this policy (for example – to assist with a medical condition or other disability or for a special project) should negotiate this arrangement with the principal.

As a Parent/Guardian/Carer - How can I help?

- Have conversations about the mobile phone and wearable device strategy with your child
- Support implementation of our school's policy, by contacting the office on 5461 9400 to contact your child during the day
- Encourage your child to report to a staff member in the first instance if they become unwell or experience an issue during the school day
- Raise any questions or concerns with school staff

Support and resources

- [eSafety Parents](#) - learn about online safety challenges, and how to help your child have positive online experiences. Some helpful pages include:
 - [Good habits start young](#)
 - [Is your child ready for a phone or social media](#)
 - Buying a [smartphone](#) or [wearable device](#) for your child
 - [Online safety basics](#)
- [ParentLine](#) – a support service for parents and carers that includes a range of helpful articles, such as *Addiction to Technology – the Warning Signs and Social Media and Safety*.
- [Bullying. No Way!](#) - information for students, parents and schools about bullying and cyberbullying.

Policy Declaration:

- We have read and understood the Personal Digital Device Policy

Student Name : _____

Student Signature: _____

Parent Name : _____

Parent signature : _____

Date: _____



STUDENT RESOURCE SCHEME

Student Resource Scheme - Participation Agreement Form

The Student Resource Scheme

The Student Resource Scheme (SRS) is a user-charging scheme operated by schools to provide parents with a mechanism to access individual student resources that are not funded by the government.

Government funding for schools does not extend to individual student resources and equipment for their personal use or consumption. Supply of these items, such as textbooks and personal laptops/iPads, is the responsibility of the parent.

The objective of the scheme is to provide parents a convenient and cost-effective alternative to individual supply of resources for their students. Participation in the SRS is optional, and no obligation is placed on a parent to participate.

Terms and conditions for participating in the scheme are provided on the reverse side of the form. Information is also provided on the Textbook and Resource Allowance (TRA) where applicable.

This Participation Agreement Form applies for the duration of a student's enrolment at the school, however parents who are participating in the scheme can choose to opt out from the SRS in future years by completing a new Participation Agreement Form. Any new Participation Agreement Form submitted annually and received by the school will supersede the previous form lodged.

Parents pay the annual participation fee in accordance with the selected payment arrangement. If a student joins the school mid-year, a pro-rata participation fee may apply.

Parents not participating in the scheme must provide their student with all items that would otherwise be provided by the scheme as detailed in the information provided by the school. Parents can choose to join the SRS in future years by completing a new Participation Agreement Form.

To assist schools in managing and administering the scheme, parents are requested to complete the Participation section of this form and return it to the school.

If parents have not completed and returned the form before the due date indicated by the school in the SRS Annual Parent Information documents, the school will take the view that the parent does not wish to participate.

Payment

On agreeing to participate in the SRS, a parent agrees to pay the participation fee as advised and invoiced by the school. For families experiencing financial hardship, please contact the school as soon as possible to discuss options available.

Participation

- ☐ **YES** I wish to participate in the Student Resource Scheme. I have read and understand the Terms and Conditions of the scheme (see reverse) and agree to abide by them and to pay the annual participation fee in accordance with the selected payment arrangement. I understand that I can opt out of participation in the SRS in any year by completing a new Participation Agreement Form.
- ☐ **NO** I have read the terms and conditions and I do not wish to participate in the Student Resource Scheme. I understand I must provide my child with all items that would otherwise be provided by the SRS as detailed in the information provided by the school. I understand that I can choose to join the SRS in future years by completing a new Participation Agreement Form.

School Name	
Form Return Date	
Student Name	
Year Level	
Parent Name	
Parent Signature	
Date	

Privacy Statement

The Department of Education collects the information you complete on the Participation Agreement Form in order to administer the Student Resource Scheme (SRS). The information will only be accessed by school employees administering the SRS. However, if required, some of this information may be shared with departmental employees for the purpose of debt recovery. Your information will not be given to any other person or agency unless you have given permission or the Department of Education is authorised or required by law to make the disclosure.



Terms and Conditions

Definition

1. Reference to a "parent" is in accordance with the definition in the *Education (General Provisions) Act 2006* and refers equally to an independent student.

Purpose of the SRS

2. In accordance with the Act, the cost of providing instruction, administration and facilities for the education of students enrolled at state schools who are Australian citizens or permanent residents, or children of Australian citizens or permanent residents, is met by the State.
3. Parents are directly responsible for providing textbooks and other personal resources for their children while attending school.
4. The SRS enables a parent to enter into an agreement with the school to provide the resources as advised by the school for a specified annual participation fee.

Participation in the SRS

5. Participation in the SRS is optional and parents are under no obligation to participate.
6. The school will provide parents with a list of resources supplied by the SRS to enable parents to assess the cost effectiveness of participation.
7. Parents indicate whether or not they wish to participate in the SRS by completing this Participation Agreement Form.
8. Parents must complete and sign the Participation Agreement Form and return it to the school by the advertised date.
9. This agreement is for the duration of the student's enrolment at the school, unless a new Participation Agreement Form is completed.
10. Parents are given the option annually to choose whether to participate in the SRS or not by completing this form.
11. Where a parent signs up to participate in the SRS they are agreeing to pay the annual participation fee for the items provided by the SRS.
12. Payment of the participation fee implies acceptance of the SRS including the Terms and Conditions irrespective of whether or not the signed form has been returned.
13. Where a student starts at the school during the school year, the parent may be entitled to pay a pro-rata participation fee to participate based on a 40-week school year.
14. Where a participation fee has been paid and a student leaves the school during the year, the school must determine if the parent is eligible for a pro-rata refund. This will also take into account any pro-rata of the Textbook and Resource Allowance (TRA) (see Additional Information regarding TRA eligibility) and any outstanding SRS debts (including any debts from damaged or non-returned items). Where the cost of outstanding debts is higher than the calculated refund, the parent is liable to pay this balance of funds.

Non-Participation in the SRS

15. Parents who choose not to participate in the SRS are responsible for providing their student with all items that would otherwise be provided by the SRS to enable their student to engage with the curriculum.
16. The school will provide non-participating parents with a list of resources the parents are required to supply for their child.
17. All items included in the SRS must be able to be independently sourced, purchased and supplied by parents who choose not to participate in the SRS.
18. As the SRS operates for the benefit of participating parents and is funded from participation fees, SRS resources will not be issued to students whose parents choose not to participate in the SRS.

The Resources

19. SRS funds received by the school will only be expended on student resources outlined in the school's SRS and will not be expended on other items or used to raise funds for other purposes.
20. In return for payment of the participation fee, the school will provide the participating student with the entire package of resources for the specified participation fee. It is not available in parts unless specifically provided for by the school in the fee structure.
21. The resources, as determined and advised by the school may be:
 - retained by the student and used at their discretion; or
 - used/consumed by the student in the classroom; or

- hired to the student for their personal use for a specified period of time.
22. All SRS resources hired to a student for their temporary use remain the property of the school. The resources must be returned by the agreed date or if the student leaves the school.
 23. Parents are responsible for ensuring that any hired SRS resources provided for their child's temporary use are kept in good condition.
 24. The school administration office must be notified immediately of the loss or damage to any hired item.
 25. Where a hired item is lost, not returned, or damaged, parents will be responsible for payment to the school of the value of the item or its repair.
 26. The replacement cost of any resource may be up to the maximum value (subject to depreciation where appropriate) of the acquisition cost to the school.
 27. Parents may be responsible for supplying their child with other resources not specified in the SRS as advised by the school.

Payment Arrangements

28. Payment of the participation fee may be made in whole, as per a nominated payment plan, or for another amount as approved by a Principal.
29. Payment of the participation fee must be made as per the payment methods nominated by the school.
30. Any concessions relating to the participation fee will be at the discretion of the Principal.

Debt Management

31. Payment of the participation fee is a requirement for continued participation in the SRS.
32. Non-payment of the participation fee by designated payment date(s) may result in debt recovery action in accordance with the Department's Debt Management Procedure <https://ppr.qed.qld.gov.au/pp/debt-management-procedure>

Parents' Experiencing Financial Hardship

33. Parents experiencing financial hardship who are currently participating in or wish to participate in the SRS should contact the school to discuss options.
34. Principals may vary payment options, negotiate alternative arrangements and/or waive all or part of the participation fee for parents experiencing financial hardship.
35. The onus of proof of financial hardship is on the parent.
36. The school may require annual proof of continuing financial hardship.
37. All discussions will be held in the strictest confidence.

Additional Information

Textbook and Resource Allowance (TRA)

- The Queensland Government provides financial assistance to parents of students in Years 7 to 12, to offset the costs of textbooks and other resources. Assistance is provided in the form of a TRA which is paid through the school. Refer to the department's website for current TRA rates <https://education.qld.gov.au/about-us/budgets-funding-grants/grants/parents-and-students/textbook-resource-allowance>.
- The TRA is used to offset the fees associated with participation in the SRS.
- Parents not participating in the SRS will receive the TRA directly from the school.
- Parents not participating in the SRS should contact the school directly if they do not automatically receive the payment.





CENTREPAY DEDUCTION AUTHORITY

CRN 555 073 532V

Customer Name: _____

Contact Number: _____

CRN: _____

DOB: ____/____/____

Deduction Amount: \$_____ per fortnight

Payment Benefit: _____

Reason for deduction: _____

Commencement date: _____

Student name: _____

Option 1:

I request that this deduction is ongoing - YES / NO

Option 2:

I request that this deduction will continue until the target amount of \$_____ is reached. YES / NO

Option 3:

I request that this deduction is stopped on ____/____/____

I give consent for:

- Rosewood State High School to the disclosure of information between the participating business and the Agency, including for the purposes of the Privacy Act

- I understand that I can change or cancel my deduction at any time and further information about centrepay can be found online at:

<https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/centrepay-businesses>

- I acknowledge that the information that I have provided is true and correct.

Customer signature

_____/____/____

Date



BANK ACCOUNT DETAILS FORM

For refund purposes only

Your bank account details will be kept confidential and will only be used for the purpose of the refund.

Your request for refund will be sent to the finance office at Rosewood SHS for funds to be transferred to your nominated bank account.

If your account is in credit this can be used for paying off other school events/excursions if you choose or be transferred to a siblings account.

Account Name: _____

BSB: _____

Account Number: _____

Customer signature

____/____/____

Date



ROSEWOOD State High School

In pursuit of excellence

Dear Parent/ Guardian,

This letter is to inform you that your student will be commencing or continuing a subject in Industrial Technology in 2025.

As a result, your student may be exposed to risks ranging from low to extreme whilst undertaking class activities. Students are fully supervised by a qualified person while undertaking these activities, where risk assessments and controls have been put in place to provide safe working environments for students.

Students will be required to complete and comply with the **OnGuard Safety Training** provided by their classroom teacher. The resulting certificate will allow your student to safely operate machinery and participate in activities as outlined in the enclosed **Inherent Risk Level Information Sheet**.

Please also find enclosed an **Activity Consent Form** for students who are enrolled in Industrial Technology subject areas.

Please read both of these documents before completing and signing the Activity Consent Form if you agree to allow your student to participate in low to extreme risk activities.

Breaches of the workplace health and safety training requirements will result in students being temporarily removed from activities until safe operations can be demonstrated to their classroom teacher. If you require any further information please contact Symantha McSweeney on 5461 9400.

Students will not be allowed to commence practical activities in any of the Industrial Technology subjects until their form is signed and returned. Please see the attached Personal Protective Equipment requirements for each subject area. These PPE requirements are mandatory. Please ensure your student has all they need to participate in their course of learning.

Forms should be returned to **their classroom teacher by the 17th February, 2025** (Week 4, Term 1). If a student is enrolled in more than one of the Industrial Technology subjects, they are only required to return one form.

Yours sincerely

Symantha McSweeney
Head of Department
Technologies and The Arts

Nicole Sherlock
Principal

Industrial Technologies - Inherent Risk Level Information

The table below lists the level of Inherent Risk posed to students, as well as the chance of injury and what the result of the injury may be.

Low	Little chance of incident or injury: Includes fixed machines, swaging machines, pedestal and bench drills, bench folding machines, manual pipe-bending machines, linishall machines, sanding discs, burring machines, curving rollers and other machines with a low potential risk
Medium	Some chance of an incident and injury requiring first aid: Includes fixed machines such as lathes, metal cutting saws, power hacksaws, bandsaws, pan brakes, bench shears, wood lathes and other machines with a medium potential risk
High	Likely chance of a serious incident and injury requiring medical treatment: Includes fixed machines such as bench grinders, router tables, milling machines, shaping machines, hydraulic pipe-bending machines, hydraulic presses, guillotines and other machines with a high potential risk
Extreme	High chance of a serious incident resulting in highly debilitating injury: Includes fixed machines such as cut-off saws (friction wheels), drop saws, radial arm saws, combination saw bench planers, jointer and other machines with a very high potential risk

Personal Protective Equipment Information

All students enrolled in Industrial Technologies subjects are required to wear Personal Protective Equipment for practical tasks. **Students will not be able to participate in practical activities unless they are wearing the correct PPE.**

Students in Year 7, Year 8, Year 9, and Year 10 are required to wear impervious (waterproof – leather or vinyl) covered shoes and other PPE as instructed by their teacher e.g. safety glasses, gloves, aprons.

Year 11 and Year 12 students enrolled in Certificate I Construction and Certificate II Engineering Pathways are required to wear the Rosewood State High School long sleeve work shirt, long work pants or jeans, safety boots, and other PPE as instructed by their teacher or trainer. The Rosewood State High School long sleeve work shirt is available for purchase from:

Ipswich Embroidery & Workwear
81 Cemetery Rd,
Raceview QLD 4305
Phone: (07) 3281 7551



TECHNOLOGIES CONSENT FORM

Industrial Technology Subject Areas – Years 7 to 12

Privacy Notice

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

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

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education and Training does not have personal accident insurance cover for students.

If your child is injured as a result of an accident or incident, 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 what types and what level of private insurance they wish to arrange to cover their child.

Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

Student Name	Date of Birth	Medicare No:

- ☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- ☐ I give consent for my child, _____ (print child's name), in class _____ (print class details), to participate in the activity detailed above.
- ☐ I understand that the emergency contacts I have supplied school are current and will be used as their reference.
- ☐ I understand that the medical information I have supplied school is current and will be used as their reference.
- ☐ I understand that if medical information regarding my child has changed then I will contact the school to update my child's personal medical information.
- ☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- ☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____



INSTRUMENTAL MUSIC PROGRAM

Dear Parents/Guardians,

As you may be aware, Rosewood SHS offers an Instrumental Music Program for students already learning or wishing to learn Bass, Woodwind or Percussion instruments. The school does not offer guitar or piano lessons as a part of this Program.

These lessons are part of an initiative to equip students with worthwhile lifelong learning and leisure pursuits. As a part of the Instrumental Music Program students are given the opportunity to apply for a new leadership position in 2025.

I encourage all students who played an Instrument in primary school to keep with the program. Lessons are 35 minutes each week and work on a rotational timetable. Lesson times are very flexible and can be catered around students' specific needs so they do not miss out on certain subjects.

Rosewood State High School offers Concert Band and Jazz Ensemble for these students, as well as an exciting number of performance opportunities, workshops and camps.

Should you be interested in your son or daughter applying to take part in the Instrumental Music program, please complete the following form. For further information please contact the office on 5461 9400.

Yours faithfully

Nicole Sherlock

Principal

.....

I would like my student _____ to apply to be part of the Rosewood SHS Instrumental Program.

My son/daughter would like to learn _____ and we:

☐ own our own instrument

Or

☐ will need to hire/purchase

Parent Signature: _____

Contact number: _____

Administration of medications in Queensland state schools: Information for parents/carers and health practitioners

This information sheet provides advice for parents/carers and their child's health practitioner/s regarding the documentation required for Queensland state schools to safely administer medication to students while they are at school or school-related activities.

All medications you provide for the school to administer to your child must be prescribed by a qualified health professional who is authorised to prescribe medications under the Health (Drugs and Poisons) Regulation 1996 (Qld) e.g. doctor, dentist, optometrist. State schools refer to these professionals as 'prescribing health practitioners' (practitioners).

A blank *Medication order to administer 'as-needed' medication at school* is provided on the last page.

Information for parents/carers

1. For all medications

For medication to be administered during school hours and/or during school-related events, provide the school with:

- a completed Consent to administer medication form.
- the medication with an attached pharmacy label, in its original container, with intact packaging.

2. Where no additional information is required from your practitioner

If your child requires medication at a routine time (e.g. 11am every day), the pharmacy label attached to the medication provides the school with the instructions from the doctor/dentist needed to safely administer the medication. Examples of routine medication include Ritalin, antibiotics, eye/ear drops, enzyme tablets and ointments.

No other written information from the prescribing health practitioner is required.

3. Where you will need additional written information from your practitioner

As well as using the pharmacy label instructions, the school will need additional written information from the prescribing health practitioner if your child:

- requires medication as an emergency response.** Depending on your child's health condition, your doctor will need to complete:
 - an Asthma Action Plan and/or
 - an Anaphylaxis Action Plan and/or
 - written instructions if your child has more complex health needs.
- requires insulin.** Your doctor will need to complete a medication order for insulin.
- requires medication 'as-needed' (but not as an emergency response).** Your health practitioner will need to complete a *Medication order to administer 'as-needed' medication at school* (see page 3).
- has their dosage changed from that on the pharmacy label.** Your health practitioner will need to write a letter for the school explaining the changes. To assist the school in safely administering the medication to your child, you are encouraged to have your pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

Information for prescribing health practitioners

Queensland state schools administer medications authorised by a qualified health practitioner (registered with the Australian Health Practitioner Regulation Agency) to support students' health needs if it is deemed that the administration of this medication is essential during school hours or school-related activities.

No further information or medical authorisation is required by the school where prescription medications are to be administered at a routine time during the day, have been dispensed by a pharmacist, and there is sufficient information on the pharmacy label to enable safe administration.

However, if you are prescribing medication as described below, please complete the relevant documentation and provide it to the parent/carer (or to the student if they are 18 years of age or older).

1. Emergency medication

Where medication is to be taken as an emergency response for asthma or anaphylaxis, please complete:

- an Asthma Action Plan and/or
- an ASCIA Anaphylaxis Action Plan.

2. Insulin

Due to the complexity of diabetes management, the school will require:

- a medication order for insulin (which provides medical authorisation) and
- a diabetes management plan developed by yourself and/or the diabetes treating team.

3. As-needed medication

Where medication is to be taken as needed in response to a student's symptoms (e.g. toothache, migraine), the school requires clear instructions to enable non-medically trained school staff to safely administer the medication.

The school will require:

- specific written instructions e.g. where school staff are required to administer medication as part of a health procedure (e.g. administration of medication through a gastrostomy tube) or
- a completed *Medication order to administer as-needed medication at school* (see page 3).

If you make subsequent changes to the student's medication dosage, or if instructions change from that described in a *Medication order to administer 'as-needed' medication at school* you have completed, please:

- update this medication order, initial and date the changes (if they are minor) or
- complete a new medication order.

4. Over-riding pharmacy label instructions

Where a student has been prescribed medication, but the medication dosage requirements change from that printed on the pharmacy label (e.g. from 1 tablet of Ritalin to ½ tablet of Ritalin), the school needs additional written information that includes all of the following:

- the name of the student
- the name of the medication
- the dosage change and the date the change is to be implemented from
- the prescribing health practitioner's signature and date, and
- attached evidence of the medical practice i.e. on a letterhead or stamp/sticker.

Please encourage the parent/carer to have their pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.



ROSEWOOD State High School

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Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the student listed below while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given DoE permission or DoE is required or authorised by law to disclose the information.

Medication order to administer 'as-needed' medication at school

The following information will be used by Queensland state school staff to support the administration of 'as-needed' medication to the student named below at school or during school-related activities (e.g. camps, excursions).

Prescribing health practitioner to complete <u>all</u> sections below:			
Student name		Date of birth	
Medication		Dosage and route	
This medication is to be administered as: <i>(please select one or both)</i>			
<input type="checkbox"/> an emergency response <input type="checkbox"/> a non-emergency response			
Administer the medication when these signs and symptoms occur:			
The maximum number of dosages allowed over a 24-hour period are:			
The minimum length of time allowed between dosages is:			
The expected response the student would have after having this medication administered is:			
If there is no response in approximately ____ minutes, take the following action [e.g. call ambulance] :			
Please note: The school will notify the parent/carer if the student displays any suspected side effects following administration.			
Please indicate if additional information is attached (if required): YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of prescribing health practitioner:		Medical practice stamp/sticker:	
Signature of prescribing health practitioner:			
Date:			
Review date of this medication order:			

Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or <i>diabetes management plan</i> or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

- 1) Complete Section A (page 2).
- 2) Provide the school with the medication in the original container with intact packaging.
- 3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- 4) Make an appointment with the principal/delegate if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

- 1) Complete Section A (page 2) and Section B (page 3).



ROSEWOOD State High School

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Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Complete the details below:

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		Date of birth	
Parent/carer name		Phone number	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	
---------------------------	--

I confirm that the medication provided to the school (as listed above):

- ☐ is medically authorised (e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)
- ☐ is in the original dispensed container with intact packaging
- ☐ has the student's and doctor's names on the pharmacy label (if there is no other written evidence of medical authorisation)
- ☐ is current/in-date (The expiry date of the medication is _____).

The medication is required:		If Yes to any questions, complete the following:
(a) routinely (e.g. 11am every day)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Administer at _____ am/pm on the following days: _____
(b) for a short time only (e.g. only for 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Start date: _____ End date: _____
(c) to manage a health condition by following a current action plan or health plan	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Is the medication for: <input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe) _____
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	<input type="checkbox"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication? **Yes** ☐ **No** ☐

If **Yes**, describe: _____

Parent/carers/student signature		Date	
If the student is to self-administer this medication, also complete Section B NOTE: Controlled drugs cannot be self-administered.			

Section B: Details for student self-administration of medication:			
<i>In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.</i>			
Student name		Date of birth	
<ul style="list-style-type: none"> I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times. I confirm that the student can store their medication securely. I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student. 			
Health condition			
<input type="checkbox"/> Asthma - secondary school students only		<input type="checkbox"/> I approve for the student to self-administer their asthma medication. NOTE: The school will need a copy of the student's <i>Asthma Action Plan</i> if it varies from the standard asthma first aid response	
Health condition		I seek approval from the principal/delegate for the student to self-administer:	
<input type="checkbox"/> Asthma		<input type="checkbox"/> their asthma medication (<i>following a current action plan/health plan</i>)	
<input type="checkbox"/> Anaphylaxis		<input type="checkbox"/> their adrenaline auto-injector (<i>following a current action plan/health plan</i>)	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> their medication (<i>following a current health plan</i>)	
<input type="checkbox"/> Cystic fibrosis		<input type="checkbox"/> their medication (<i>following a current health plan</i>)	
<input type="checkbox"/> Other _____		<input type="checkbox"/> their medication (<i>following a current health plan</i>)	
Parent/carers/student signature			Date