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ENROLMENT NO:	
CATEGORY:	ACADEMIC YEAR 7 (2021)

**BRISBANE STATE HIGH SCHOOL  
APPLICATION FOR PROSPECTIVE STUDENT ENROLMENT  
ACADEMIC SELECTIVE ENTRY - YEAR 7 (2021)**

Please use BLOCK letters and a blue or black pen to complete this form

IMPORTANT INFORMATION				
<p><b>Only prospective students born between 1 July 2008 and 30 June 2009 will be eligible to undertake the Academic Selective Entry Exam for Year 7 (2021)</b></p> <p><b>APPLICATION FORM, INCLUDING PAYMENT OF A NON-REFUNDABLE PROCESSING FEE OF \$420, MUST BE RECEIVED BY <u>Monday 9 September 2019</u>.</b></p> <p><b>AN ENTRANCE TEST WILL BE HELD AT BRISBANE STATE HIGH SCHOOL ON <u>Sunday 13 October 2019</u>.</b></p>				
<b>HOW DID YOU HEAR ABOUT BRISBANE STATE HIGH SCHOOL?</b>				
<input type="checkbox"/> You are a past student of BSHS?		<input type="checkbox"/> A son/daughter has completed the Aspiring Minds Program		
<input type="checkbox"/> A son/daughter attends BSHS?		<input type="checkbox"/> Information Night/Website/Friends		
<b>APPLICANT FAMILY NAME:</b>				
<b>APPLICANT GIVEN NAMES:</b>				
OFFICE USE ONLY				
Date Enrolled	___/___/___	Year Level		EQ ID:
Independent Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roll Class		
Birth certificate/passport sighted, copied and DOB confirmed.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate number	
Is the prospective student over 18 years at 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 applicant consented to a criminal history check?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
School House				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 – Dependant – Parent on Student Visa / EX – Exchange Student / DE – Distance Education			
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE _____ DATE: / /		

PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS			
Legal family name*: (as per birth certificate)			
Legal given names*: (as per birth certificate)			
Preferred family name:		Preferred given name:	
Sex*:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*:	___/___/___
Copy of birth certificate available to show school staff*:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolment will 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. For international students approved for enrolment by EQI, a passport or visa will be acceptable.	

\* Please refer to 'Application to enrol in a Queensland State School' (attached).

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. _____		
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 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	
Does the prospective student have any other siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of siblings and date of birth.	Name	
			Date of Birth	___/___/___
			Name	
			Date of Birth	___/___/___

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			

FAMILY DETAILS		
Parents/Carers	Parent/Carer 1	Parent/Carer 2
Family Name*		
Given Names*		

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 <sup>st</sup> Phone contact number*	Work / Home / Mobile (please circle)	Work / Home / Mobile (please circle)
2 <sup>nd</sup> Phone contact number*	Work / Home / Mobile (please circle)	Work / Home / Mobile (please circle)
3 <sup>rd</sup> Phone contact number*	Work / Home / Mobile (please circle)	Work / Home / Mobile (please circle)
Email		
Employer name		
Employer address Line 1		
Employer address Line 2		
Occupation		
What is the occupation group of the parent/carer? <i>(Refer to Page 8 for details)</i>	(Please select the parental occupation group from the list provided at the end of this form. If you are not currently in paid work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8'.)	
Country of birth		
Country of residence		
Does Parent/Carer 1 or Parent/Carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent/carer an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent/carer a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 primary or secondary school 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 primary or secondary school 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"/>

### PROSPECTIVE STUDENT ORIGIN DETAILS

Origin	Queensland / interstate / overseas (please circle)		
Origin type	Childcare centre or Kindergarten/Prep/Primary / Secondary / VET / other (please circle)		
Previous school/other location			
Previously employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time

### 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
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### RELIGION – 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>	<b>Do you want the prospective student to participate in religious instruction?</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If 'Yes', please nominate the religion:</b>		

### COUNTRY OF BIRTH\*

In which country was the prospective student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify country) _____		
	<input type="checkbox"/> Lived in another country _____ Length of residency _____		
	Date of arrival in Australia: ____/____/____		
Is the prospective student an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No    (If no, evidence of 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 _____ Percentage English spoken at home _____		

### EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS (to be completed if student 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: ____/____/____	Date enrolment approved to: ____/____/____	EQI receipt number:
<input type="checkbox"/> Temporary Visa holder	Complete passport and visa details section below		
<input type="checkbox"/> Other, please specify	Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI		
<small>Passport and visa details (to be completed for a prospective student who is NOT an Australian citizen  NOTE: A permanent resident will have a passport with a permanent residency visa inside worded 'Holder(s) permitted to remain in Australia indefinitely'.  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.</small>			
Passport number		Passport expiry date	____/____/____
Visa number		Visa expiry date (if applicable)	____/____/____
Visa sub class			

**EMERGENCY CONTACT DETAILS**

(Other emergency contact details if parents/carers listed previously are not emergency contacts or cannot be contacted)\*

	Emergency contact	Emergency contact
Name		
Address Line 1		
Address Line 2		
Relationship (e.g. aunt)		
1 <sup>st</sup> phone contact number	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile:
2 <sup>nd</sup> phone contact number	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile:
3 <sup>rd</sup> phone contact number	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile:

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

The Department of Education and Training (DET) 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. DET 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 DET 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 you advise the school before the prospective student's first day of attendance if the prospective student has any medical conditions. You must also inform the school administration staff as soon as you are aware of any new medical conditions or a change to medical conditions.

Should the prospective student need to take medication during school hours, an individual Health Plan, including Emergency Health Plan if relevant, or Authority to Administer Medication Form will need to be completed each year and retained at the school office.

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	
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)? (answer only if medical practitioner details have been provided above)			<input type="checkbox"/> Yes <input type="checkbox"/> No
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)	

**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 (OOHCC). 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 current court order and/or the Authority to Care.	Commencement date	___/___/____
	End date	___/___/____
Contact details of the Child Safety Officer (if known)	Name	
	Phone number	

**Family Court Orders\***

Are there any current Family Court orders made pursuant to the <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the dates of the court order? Please provide a copy of the current court order.	Commencement date	___/___/____
	End date	___/___/____

**Other Court Orders\***

Are there any other current court orders, such as domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the dates of the court order? Please provide a copy of the current court order.	Commencement date	___/___/____
	End date	___/___/____

**TRAVEL DETAILS**

Mode of transport to school	<input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Other _____
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**APPLICATION TO ENROL\***

I hereby apply to enrol my child at **Brisbane State High School**.

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
Signature			
Date	___/___/___	___/___/___	___/___/___

## ORIGINAL DOCUMENTS PLUS ONE (1) PHOTOCOPY REQUIRED FOR ALL APPLICATIONS

We must sight the following **ORIGINAL** documents **PLUS ONE (1) PHOTOCOPY OF EACH DOCUMENT** (*certified copies will not be accepted*). Please note the school does not provide a photocopy service.

**CHILD'S ORIGINAL BIRTH CERTIFICATE (An official translation is necessary if not in English)**

The school will require proof of at least one parent's Australian citizenship if both parents were born overseas. If one parent was born in Australia, proof of Australian citizenship is not required.

### AND/OR IF REQUIRED

- AUSTRALIAN CITIZENSHIP CERTIFICATE (of student OR parent), or**  
 **AUSTRALIAN OR NEW ZEALAND PASSPORT (of student NOT parent), or**  
 **APPROPRIATE VISA OF BOTH PARENT AND STUDENT (e.g. TR, PR) and ARRIVAL STAMP.**

### AND

**CHILD'S ORIGINAL SCHOOL REPORTS FOR PREVIOUS THREE SEMESTERS** (These do not form part of the selection process for the Local Catchment Area applicants, but may be used by our teachers in assisting students).

**Most recent NAPLAN** results.

Photo identification verified by the child's primary school principal **must** be shown on entry to the academic test.

**Applicants will be unable to sit the academic test without their Photo Identification Form**, available on the school website.

## ALL SELECTIVE ENTRY APPLICATIONS MUST INCLUDE PAYMENT OF NON-REFUNDABLE \$420 PROCESSING FEE – PAYMENT BY CREDIT CARD. (Fee is subject to change without notice).

Please note: **Applications must be fully completed and include all documents. Applications which are incomplete will not be accepted for processing.** Original documents (if sent by post) may be collected from the school by a parent/carer (identification required) or they can be returned by post if a stamped self-addressed envelope is provided. (*BSHS cannot accept any responsibility for documents sent in the post*).

## PRIVACY STATEMENT

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

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

This collection is authorised by ss. 155 and 428 of the EGPA 2006. DET 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, sex and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State 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 your child's 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 your child's school in the first instance.

## PARENTAL OCCUPATION GROUPS FOR USE WITH PARENT / GUARDIAN 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 degree 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/sportspersons 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, sportsman/woman, 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 4 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/child care 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, kitchenhand, 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's 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, farm hand, 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**



## Education Queensland 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
Attention-deficit /Hyperactivity disorder (ADHD)
Autism Spectrum Disorder (ASD)
Bladder and bowel - Urinary wetting, incontinence
Bladder and bowel - Faecal soiling, constipation, incontinence
Bladder and bowel - Catheterisation (continuous, clean intermittent)
Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair
Bladder and bowel - Other
Blood disorders - Haemophilia
Blood disorders - Thalassaemia
Blood disorders - Other
Cancer / oncology
Coeliac disease
Cystic Fibrosis
Diabetes - type one
Diabetes - type two
Ear/hearing disorders - Otitis Media (middle ear infection)
Ear/hearing disorders - Hearing loss
Ear/hearing disorders - Other
Epilepsy - Seizure
Eye/vision disorders
Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid
Heart/cardiac conditions - Heart valve disorders
Heart/cardiac conditions - Heart genetic malformations
Heart/cardiac conditions - other
Mental Health - Depression
Mental Health - Anxiety
Mental Health - Oppositional defiant disorder
Mental Health - Other
Muscle/bone / musculoskeletal disorders - spasticity (Baclofen Pump)
Muscle/bone / musculoskeletal disorders - Other
Skin Disorders - eczema
Skin Disorders - psoriasis
Swallowing/dysphagia - requiring modified foods
Swallowing/dysphagia - requiring artificial feeding
Transfer & positioning difficulties
Travel / motion sickness
Other

# Medical Details Form

Prospective Student's Name: \_\_\_\_\_

- Prospective student does not have any known medical conditions.  
 Prospective student has the following known medical conditions:

Medical Condition 1:	
<b>Medical Condition Category:</b> <i>(Please use list of Medical Condition Categories provided)</i>	
<b>Symptoms:</b> <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
<b>Management:</b> <i>(Include any special instructions the school should follow with regard to this condition)</i>	

Medical Condition 2:	
<b>Medical Condition Category:</b> <i>(Please use list of Medical Condition Categories provided)</i>	
<b>Symptoms:</b> <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
<b>Management:</b> <i>(Include any special instructions the school should follow with regard to this condition)</i>	

Medical Condition 3:	
<b>Medical Condition Category:</b> <i>(Please use list of Medical Condition Categories provided)</i>	
<b>Symptoms:</b> <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
<b>Management:</b> <i>(Include any special instructions the school should follow with regard to this condition)</i>	

If the prospective student has additional medical conditions please attach details of all medical conditions.

\_\_\_\_\_  
Parent/Carer's Signature

# 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 6).

## Entitlement to enrolment

Under the *Education (General Provisions) Act 2006 (Qld)* a state school must enrol an applicant if they are entitled to enrolment. While not exhaustive, a list of matters which may affect an applicant's entitlement to enrolment are included on the front cover of the enrolment form.

## Questions which must be answered\*

The Application for Student Enrolment Form contains a number of questions marked with an (\*) which must be answered. These include – Prospective student demographic details, Prospective student address details, Family details, Religion – Religious Instruction, Country of birth, Emergency contact details, Prospective student medical information and the Application to enrol. These questions and 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 funding.

## Parent's occupation and education

All parents across Australia, no matter which school their child attends, are being 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.

## Sighting of birth certificate

Schools are required to sight a prospective student's birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child born in a country without a birth registration system – passport or visa documents will suffice).

Prospective mature age students that provide appropriate photographic proof of identity do not need to present a birth certificate.

## 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, however, at the parent's request, the preferred name can be used. The preferred name only will be used on internal school documents such as class rolls.

## Evidence of Prospective Student's Immigration Status

This section is required to be completed when a prospective student is not an Australian citizen and information is required to be recorded about their passport and visa.

## Medical information and emergency contacts

A prospective student's medical condition, symptoms, management and medication/s must be documented. Medical conditions may include (but are not limited to) seizures/ epilepsy, fainting, diabetes, asthma, heart problems, anaphylaxis and allergies (such as food or insect stings). Parents must indicate if they are an emergency contact. Three additional emergency contacts are also required.

## Religion – Religious Instruction

Applicants are asked if they would like the prospective student to participate in religious instruction. From Year 1, the prospective student may participate in religious instruction if it is available.

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

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

## 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.

## Office use

This section is to be completed by the school and will assist in documenting specific details in relation to a student's enrolment, including confirmation of the sighting of documentary evidence such as a prospective student's birth certificate, passport or visa and prospective student's mature age status.

# Credit Card Payment – Selective Entry Enrolment

BRISBANE  
STATE  
HIGH  
SCHOOL



**Office Use Only**

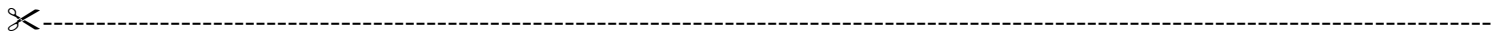
Name of Staff Member recording details: \_\_\_\_\_  
 Signature of Staff Member recording details: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Processed in OneSchool: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Student Name:</b>	
<b>Current Year Level:</b>	
<b>Enrolment Fee:</b>	<b>\$420.00</b>

Address of Cardholder: \_\_\_\_\_

Information taken over phone  **or** Signature of Cardholder: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_



*This section will be shredded after receipt is processed.*

**Mastercard**       **Visa**

<b>CARD NO.</b>																			
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Expiry date on Credit Card: \_\_\_\_ / \_\_\_\_