



Bundamba State Secondary College

Enrolment Application

Name: _____

Entry Year Level: _____

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

When submitting your Enrolment Application please include the following documentation:

All documentation listed below **MUST** be supplied to process your Enrolment Application

- ☐ Completed Enrolment Application
- ☐ Birth Certificate sighted by office staff
- ☐ Photocopy of latest two (2) report cards if from a non-department of Education school
- ☐ Photocopy of residency information (Passports/Visas if applicable)
- ☐ Photocopies of two types of documents showing residential address (recent rates, electricity, phone, rental agreement)
- ☐ Photocopy of relevant legal documentation if applicable
- ☐ Photocopies of all supporting documentation related to diagnosed learning difficulties, verifications or health management plans (anaphylaxis, asthma, diabetes) if applicable.

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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.

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*	Male Female	Date of birth*	____/____/____
Copy of birth certificate available to show school staff*	<input type="checkbox"/> Yes <input type="checkbox"/> No	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. 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. For international students approved for enrolment by EQI, a passport or visa will be acceptable.	
For prospective mature age students, proof of identity supplied and copied*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prospective mature age students must provide photographic identification which proves their identity: <ul style="list-style-type: none">current driver's licence; oradult proof of age card; orcurrent passport.	

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

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 _____	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
	Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	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			
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			
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*

From Year 1, the prospective student may participate in religious instruction if it is available. If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction. Parents/carers may change these arrangements at any time by notifying the principal in writing.	Do you want the prospective student to participate in religious instruction?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes', please nominate the religion: _____

PROSPECTIVE STUDENT ADDRESS DETAILS*

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

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

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

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?

☐ Yes ☐ No (applicant advised in writing)

If no, indicate reason:

- ☐ Does not meet School EMP or Enrolment Eligibility Plan requirements Prospective student is mature age and school is not a mature age state school Does not meet Prep age eligibility requirement
- ☐ Prospective student is subject to suspension from a state school at the time of enrolment application Does not meet requirements for enrolment in a state special school
- ☐ Does not have an approved flexible arrangement with the school
- ☐ School does not offer year level prospective student is seeking to be enrolled in Prospective student has no remaining semester allocation of state education

Date enrolment processed

____/____/____

Year level

Roll Class

EQ ID

Independent student

☐ Yes ☐ No

Birth certificate/passport sighted, number recorded and DOB confirmed

☐ Yes ☐ No Number:

Is the prospective student over 18 years of age at the time of enrolment?

☐ Yes ☐ No

If yes, is the prospective student exempt from the mature age student process?

☐ Yes ☐ No

If no, has the prospective mature age student consented to a criminal history check?

☐ Yes ☐ No

School house/ team

EAL/D support

☐ Yes ☐ No
☐ To be determined

FTE

Associated unit

Visa and associated documents sighted

☐ Yes ☐ No

EQI category

SV – student visa
TV – temporary visa
– dependent – parent on student visa

EX – exchange student
DE – distance education DS

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

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]

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]

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]

Group 8: Have not been in paid work in the last 12 months

State schools standardised medical condition category list

Acquired brain injury
Allergies/Sensitivities
Anaphylaxis
Airway/lung/breathing - Oxygen required (continuously/periodically)
Airway/lung/breathing - Suctioning
Airway/lung/breathing - Tracheostomy
Airway/lung/breathing - Other
Artificial feeding - Gastrostomy device (tube or button)
Artificial feeding - Nasogastric tube
Artificial feeding - Jejunostomy tube
Artificial feeding - Other
Asthma
Asthma – student self-administers medication
Attention-deficit /Hyperactivity disorder (ADHD)
Autism Spectrum Disorder (ASD)
Bladder and bowel - Urinary wetting, incontinence
Bladder and bowel - Faecal soiling, constipation, incontinence
Bladder and bowel - Catheterisation (continuous, clean intermittent)
Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair
Bladder and bowel - Other
Blood disorders - Haemophilia
Blood disorders - Thalassaemia
Blood disorders - Other
Cancer/oncology
Coeliac disease
Cystic Fibrosis
Diabetes - type one
Diabetes - type two
Ear/hearing disorders - Otitis Media (middle ear infection)
Ear/hearing disorders - Hearing loss
Ear/hearing disorders - Other
Epilepsy - Seizure
Eye/vision disorders
Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid
Heart/cardiac conditions - Heart valve disorders
Heart/cardiac conditions - Heart genetic malformations
Heart/cardiac conditions - other
Mental Health - Depression
Mental Health - Anxiety
Mental Health - Oppositional defiant disorder
Mental Health - Other
Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump)
Muscle/bone/musculoskeletal disorders - Other
Skin Disorders - eczema
Skin Disorders - psoriasis
Swallowing/dysphagia - requiring modified foods
Swallowing/dysphagia - requiring artificial feeding
Transfer & positioning difficulties
Travel/motion sickness
Other

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.

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.

APPLICATION FOR OUT OF CATCHMENT ENROLMENT

Please note that this is an application for consideration of enrolment outside of our Enrolment Management Plan catchment area.

Out-of-catchment application: Applications from any other person, not meeting the criteria outlined above, is an Out-of-catchment application. Enrolment of students from outside the local catchment area is restricted to ensure that the total current and forecast enrolments do not exceed the Student Enrolment Capacity. This school can only enrol Out-of-catchment students:

1. If there is sufficient spare capacity after reserving places for students who move into the catchment during the year; and
2. After considering the school's projected future enrolment growth.

Out-of-catchment students applying for enrolment at this school are placed on a waiting list.

PERSONAL DATA

Student Name			
Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	(Tick one box)
Current School/ Day Care			
Home Address (Student)			
Parent/Carer 1	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
Mobile No:		Home No:	
Email Contact			
(Email is Compulsory as the final outcome of this application will be sent via email)			
Parent/Carer 2	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>

Reason for request for out-of-catchment application

Decisions on applications will be communicated to you by our Enrolment Officer via email.

I have read and understood the School's processes concerning consideration for out-of-catchment enrolment.

Parent/Carer signature: _____ Date: _____

ENROLMENT INTERVIEW PROFILE

1. Does your child have a verified disability? If so, please tick the category below and include any further information required to make reasonable adjustments for their learning.

- ☐ Autism Spectrum Disorder (ASD)
 - ☐ Hearing Impairment (HI)
 - ☐ Intellectual Disability (ID)
 - ☐ Physical impairment (PI)
 - ☐ Speech–language impairment (SLI)
 - ☐ Vision impairment (VI)
-
-
-

2. Does your student have other specific learning needs?

- ☐ Emotional or behavioural difficulties
- ☐ General learning difficulties
- ☐ Attention and concentration difficulties

Or other Specific learning disorders such as

- ☐ Dyslexia
- ☐ Dysgraphia
- ☐ Dyscalculia

3. Does your child receive assistance at primary school to support their learning needs?

- ☐ Teacher aid support
- ☐ Numeracy support or intervention
- ☐ Literacy support or intervention
- ☐ Reading support or intervention
- ☐ Social assistance or social skill building programs

4. Is your student on an ICP? (working towards learning goals at another year level, e.g. year level 4.)

- ☐ Yes
- ☐ No

ICP Level: _____

Specific Subjects: _____

Any further details:

Introduction to the State School Consent Form for Bundamba State Secondary College

This letter is to inform you about how we will use your child's personal information and student materials. It outlines:

- what information we record
- how we will use student materials created during your child's enrolment.

Examples of personal information which may be used and disclosed (subject to consent) include part of a person's name, image/photograph, voice/video recording or year level.

Your student/s materials:

- are created by your child whether as an individual or part of a team
- may identify each person who contributed to the creation
- may represent Indigenous knowledge or culture.

Purpose of the consent

It is the school's usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education.

To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the 'Media Sources' section below.

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements.

The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided.

It should be noted that in some instances the school may be required by the Education (General Provisions) Act 2006 (Qld) or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.

Consent may be limited or withdrawn

Consent may be limited or withdrawn at any time by you.

If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.



Media sources used

Following is a list of online and social media websites and traditional media sources where the school may publish your child's personal information or student materials subject to your consent.

- School website: <https://bundambassc.eq.edu.au/>
- Facebook: <https://www.facebook.com/watch/BundambaStateSecondaryCollege/>
- YouTube: <https://www.youtube.com/channel/UC-UtGTEJbK4vXI537IOcRFA>
- Instagram: bundamba_secondary_college
- Twitter: <https://twitter.com/BundambaSSC>
- LinkedIn: <https://au.linkedin.com/company/bundamba-state-secondary-college>
- Local newspaper
- School newsletter
- Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.
-

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact our School Enrolment Officer on 3813 6333.

Our Enrolment Officer should be contacted if you have any questions regarding consent.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/obtaining-and-managing-student-and-individual-consent-procedure> to ensure you have the most current version of this document.

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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: Duration of enrolment

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.

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/obtaining-and-managing-student-and-individual-consent-procedure> to ensure you have the most current version of this document.

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Code of Conduct and School Uniform Agreement

I/we agree to read and follow the Bundamba State Secondary College Student Code of Conduct (see school website) and abide by the Uniform Policy and Dress Standards as endorsed by the P&C.

- I/we agree to accept and abide by the Student Code of Conduct for Students during the full period of enrolment.
- I/we agree to comply with the correct wearing of the school uniform during the full period of enrolment.

Student Signature: _____
Parent/Guardian Signature: _____

Date: _____
Date: _____

COMPUTER ACCESS POLICY

Bundamba State Secondary College (BSSC) provides computer facilities to allow students and staff to access and use information sources available on a range of electronic communication networks. All students have permission by default as part of the school enrolment agreement and access is conditional on users complying with existing

CONDITIONS FOR USE

school policies as set down in the following document.

To remain eligible as a user, student accessing the school's computer facilities must be in support of and consistent with the educational objectives of the Department of Education's Computers in Learning Policy. Transmission of any material in violation of any school/Department policy or Federal/State regulation is prohibited. This includes but is not limited to copyrighting material and threatening or obscene material. The use of the computer networks, including the Internet, is a privilege and not a right. Inappropriate use, including any violation of these conditions may result in cancellation of the privilege and/or removal from the relevant subject.

MONITORING

Bundamba State Secondary College reserves the right to review any material stored on computer files in order to make determinations on whether specific uses of the networks are inappropriate. In reviewing and monitoring the user files the school shall respect the privacy of these accounts.

NETWORK ETIQUETTE

All users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- Be polite. Do not become aggressive or abusive in your communications to others.
- Use appropriate language. Do not engage in activities which are prohibited under state or federal law.
- Do not reveal your personal address, phone number or those of your friends or colleagues.
- Remember that e-mail is not guaranteed to be private. BSSC can access any messages relating to or in support of illegal activities will be reported to the authorities.

NO WARRANTIES

Education Queensland makes no warranties of any kind for the service it is providing and will not be responsible for any damages a user suffers. Use of information obtained via the Internet is at the users own risk as the accuracy and quality cannot be guaranteed.

The school is not responsible for safeguarding information stored by students on departmentally-owned student computers or mobile devices.

SECURITY

Security on a computer network is a high priority. Any breaches can cause great inconvenience to all users. If you believe you have identified a security problem you must notify the system administrator or your teacher.

- Do not demonstrate the problem to others.
- Do not access another network account and files (also called MIS account).
- Any attempt to log on or access the supervisor files will result in withdrawal of privileges.
- Do not reveal your password to others.

Any user identified as a security risk or having a history of problems may be denied access to the school computer network.

VANDALISM

Any form of vandalism of user files, software or equipment will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm, modify and/or destroy data of any computer user or any software or hardware of the total computer network. This includes the uploading or creating of computer viruses. Any form of harassment, including sending of unwanted mail, persistent annoying of another user or the interference with another user's work will not be tolerated and will result in significant action.

CONTROVERSIAL MATERIAL

Despite internal departmental controls to manage content on the internet, illegal, dangerous or offensive

Access to the school's computer network and other electronic resources is provided as a means to enhance the teaching/learning process. All users, including students, must access the system in a manner that is consistent with the objectives of the Department of Education's Computers in Learning Policy.

Computer Access Agreement

Student

I understand that any violation of the conditions outlined in Bundamba State Secondary School's (BSSC) 'Computer Access Policy' is unethical and may constitute a criminal offence.

Should I commit any violation, my school network account may be revoked, and disciplinary and/or legal action may be taken.

User Name: _____ Date: _____

Signature: _____

Parent or Guardian (If you are under the age of 18, a parent or guardian of this student)

I have read and understand the BSSC 'Computer Access Policy' and I hereby grant permission for my child to be given access to the school's computer network. I also recognise that even though all care will be taken, it is impossible to restrict access to all controversial material.

Parent Name: _____ Date: _____

Signature: _____

Extra-Curricular Music Applications

Student Name: _____

Year Level: _____

Have you learnt a musical instrument before? ☐ Yes ☐ No

What is the instrument? _____

If not, what instrument would you like to learn? _____

How long have you studied this instrument? _____

Do you own your own instrument? _____

Would you like details of the Instrumental Music Program posted to you?

☐ Yes ☐ No

Leadership Training Centre – Activity Consent Form

Participation in Bundamba State Secondary College's Leadership Training Centre (LTC) activities involve working at heights of up to 10 metres above the floor, working in enclosed and dark places, and operating safety systems for other persons. Activities include climbing and abseiling on artificial surfaces, and various vertical and horizontal challenge course elements. Certain challenges within the LTC facility will involve a high level of physical activity.

The Leadership Training Centre's (LTC) operating principle is "Challenge by Choice". Therefore, participants who do not wish to undertake a challenge are not forced to do so. However, participants are expected to abide by all safety directions given by LTC staff. For further information about activities in the Leadership Training Centre please contact Bundamba State Secondary College.

If you wish for your child/student to participate in Leadership Training Centre Activities, please complete this consent form and return all pages (including this page). The consent to participate in the LTC will last for the duration of your child/student enrolment.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child/student is injured as a result of an accident or incident while participating in the activity regardless of risk level, 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 these activities.

Even when all reasonable efforts are made to ensure safety, the inherent risks associated with extreme risk activities while working at heights can never be completely eliminated.

Privacy notice

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

- obtain lawful consent for you or your child/student 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*
- The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth).*

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Leadership Training Centre – Activity Consent Form

Consent and Medical Details

By signing this form, I agree that:

- I give consent for, students name (in full) _____ Date of Birth _____ to participate in the Leadership Training Centre activities for the duration of their enrolment at BSSC.
- I understand that participants will be supervised by qualified staff at all times when in the Leadership Training Centre activities.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child/participant may reasonably require, including contacting my child's/participant's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided all relevant details of my child's/participant's medical or physical needs below and will update the Leadership Training Centre Coordinator or Class Teacher should this information change during their enrolment at BSSC.
- I accept that the LTC staff has the right to remove children/participants from the activity who are deliberately being abusive or offensive to others, or who are not following all instructions or safety directions given by LTC staff.
- I understand that participants may be involved in activities that are considered to be 'Extreme' risks in accordance with current CARA activity guidelines
- **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 does not have personal accident insurance cover for students/children/participants.**

Parent/Carer's name: _____ (Please print)

Parent/Carer's Phone Number: _____ (Please print)

Parent/Carer signature: _____ Date: ____/____/____

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

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:

- a. **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.
- b. **requires insulin.** Your doctor will need to complete a medication order for insulin.
- c. **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).
- d. **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.

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 (if applicable)

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).

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: (circle the day/s required) Monday Tuesday Wednesday Thursday Friday
(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/carer/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:			
In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.			
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/carer/student signature			Date

Enrolment agreement

This enrolment agreement sets out the responsibilities of the student, parents or guardians and the school staff about the education of students enrolled at Bundamba State Secondary College.

Responsibility of student to:

- attend school on every school day for the educational 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 requests or directions from the teachers and Principal; and
- abide by school rules/expectations as outlined in the school's Responsible Behaviour Plan 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 school's uniform;
- respect school property and the environment.

Responsibility of parents to:

- ensure your child attends school on every school day for the educational program in which they are enrolled;
- advise the school as soon as possible if your child is unable to attend school and reason/s why (e.g. child is sick)
- attend open evenings for parents;
- let the school know if there are any problems that may affect your child's ability to learn;
- ensure your child completes homework regularly in keeping with the school's homework policy;
- treat school staff with respect and tolerance;
- support the authority and discipline 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 policy regarding access to school grounds before, during and after school hours;
- advise Principal if your child is in the care of the State or you are the carer of a child in out-of-homecare;
- keep school informed of any changes to your contact details or your child's details, such as home address, email address and phone number;
- ensure the school is aware of any changes to your child's medical details.

Responsibility of school to:

- design and implement engaging and flexible learning experiences for individuals and groups of students;
- inform parents and guardians regularly about how their child/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 for students;
- foster positive and productive relationships with families and the community;
- inform students, parents and guardians about what the teachers aim to teach the students each term;
- teach effectively and to set the highest standards in work and behaviour;
- take reasonable steps to ensure the safety, happiness and self-confidence of all students;
- be open and welcoming at all reasonable times and offer opportunities for parents and carers to become involved in the school community;
- clearly articulate the school's expectations regarding the Responsible Behaviour Plan for students and the school's dress code policy;
- ensure that parents and carers are aware of the school's insurance arrangements and accident cover for students;
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved;
- ensure that the parent is aware of the school's record-keeping policy, including the creation of a transfer note should the student enrol at another school;
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved (for example, sports programs);
- 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;
- notify parents of an unexplained absence of their child as soon as practicable on the day of the students' absence (allowing time for parents to respond prior to the end of the school day);
- deal with complaints in an open, fair and transparent manner in accordance with departmental policy;
- consult parents on any major issues affecting students; and
- treat students and parents with respect and tolerance.

I accept the rules and regulations of Bundamba State Secondary College as stated in the school policies that have been provided to me, or are available on the school website, as follows:

- ✓ Student Code of Conduct
- ✓ Learning Policy
- ✓ Absences Process
- ✓ Student Resource Scheme
- ✓ Computer Access Policy
- ✓ Appropriate Use of Mobile Telephones and other Electronic Equipment by Students
- ✓ Parent / Guardian Consent form for Leadership Training Centre
- ✓ State School Media Consent Form
- ✓ Student Resource Scheme Agreement
- ✓ School Uniform Agreement
- ✓ Third Party Online Services Consent

I acknowledge:

- 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.

This form is to be signed during the enrolment interview.

Student Name:		Student Signature:	X
Parent/Guardian Name:		Parent/Guardian Name	X
On behalf of BSSC:		On behalf of BSSC:	X

Agreement and Participation Forms

The following forms to be completed and signed:

- ☐ Enrolment Agreement
- ☐ Media Consent
- ☐ Third Party Website Consent for Parents/Guardians
- ☐ Code of Conduct and School Uniform Agreement
- ☐ Student Resource Scheme Agreement
- ☐ Centrelink deductions if applicable
- ☐ Consent to Use Leadership Training Centre
- ☐ Parent and Community Involvement
- ☐ Extra-Curricular Music Applications
- ☐ Medical consent form if applicable

If you have any questions about any of the forms, please speak to the interviewer for clarification.

Any changes to these agreements will require a written request to the Principal.