#### **Cairns School of Distance Education**

CRICOS Registration Number 00608A

Address: Hoare Street, Manunda, Cairns PO Box 7092, Cairns Qld 4870
Telephone: 07 4080 9111 Facsimile: 07 4080 9100
Email: schoolbasedenrolments@cairnssde.eq.edu.au





**Student Information** 

# Enrolment Form – Year 11 & 12 Secondary Non-State School Based – 2024 -2025

Please ensure all sections of the form are fully completed to avoid enrolment delays. Forms with information missing will be returned to the base school for completion. For the purposes of this enrolment Cairns SDE is the 'host' school and the 'base' school is the school that is applying to enrol a student at Cairns SDE.

Surname					Given	nam	ne/s							
Date of birth			Gender					C	EQ ID #	e only				
Date of birtin			Condo						_UI Stu CSDE Us	ident# eonly				
Home Address											Postcode	)		
Postal address (if different from above)							Postcode	•						
Student School	email add	ress		Phone										
Cultural backgro	ound					Coı	untry of Birth	า						
Australian Citiz	en		Perr	manent	resident	:			Interna	itional S	Student			
,			boriginal	ginal Torres Strait Islander Neither Aboriginal or Islander										
Is the student for	om a nor	n-Englisl	n speaking	backgro	ound?		Please spe	ecify	Langu	ıage:				
Does the Stude which would im				fficulty and/or Special ED support needs			١	NO YES(please list below)		list below)				
If yes, please p	rovide bri	ef details	:											
Year level at base school (in 2024)		Has th	Has the student been enrolled at Cairns SDE prior to 20				024	NC	)	YES				
Parent/Guar	dian De	tails												
Full Name														
Phone					Email									
Relationship to student: (mother/father/guardian/home stay-please specify)							1							
Does student reside with Parent?						YE	ES		NO					
Main Language Spoken at Home							Country of	f Birt	th					

Evidence of student's immigration status (to be completed for students who are NOT Australian citizens)*										
Permanent	resident			Student visa ho	lder _	Date	of Arrival:			
Temporary	visa		(Complete	e passport and v	risa deta	ails section	n below)	·		
						ary visa ho om EQI	olders must o	obtain an a	approval to enrol	in a state
Passport and visa details (to be completed for a 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 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 r	number			Passport e			t expiry da	te		
Visa numb	oer						Visa exp applicab	oiry date (if ole)		
Visa sub c	class									
Base Sch	nool De	tails								
School nan								So	chool number	
School post	tal									
								Po	ostcode	
Phone			Fax			School er address	nail			
Subject	Reques	t								
In selecting	Subject requested NB. A subject requested cannot be additional to the number generally studied at the base school. In selecting a subject you confirm you possess the stipulated prerequisite to study this subject as specified in the course outline.									
For subject	prerequi	sites,	please ret	fer to the 2024 C	Course	Outlines a	vailable on	the Cairns	SDE website.	
Subject									Unit Number	
Subject	pject					Unit Number				
Current or Previous subjects studied  The following details are mandatory. If left incomplete enrolment may be delayed.										
Subject		Year le	Year level studied		Year of study F		Result and/or percentage of course comple		ompleted	
Report Card Attached				<u> </u>						



Reason for requested enrolment – mandatory (Please tick as appropriate)							
Subject NOT OFFERED by base school							
Please ensure that the year level of subject applied for is appropriate to the student's proficiency level							
Timetable Clash subject offered by base school but student unable to access due to timetable clash or other special circumstances.							
3 Year Senior (Year 11 and 12 only) <i>Include copy of the Variable Progression Rate(VPR)</i>	Year of Exit						

Supervisor (Teacher/Exam Supervisor/Study coach/school contact)							
Please note: This person will be the nominated Exam Supervisor and the contact point for the Cairns SDE subject teacher							
Title							
Surname		Given name					
Position		Email					
Phone		Fax					

### **Privacy Statement**

The Department of Education 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 Commonwealth 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. DETE will disclose personal information from this form to the Queensland Studies Authority when opening student accounts, in compliance with Part 2A of the Education (Queensland Studies Authority) Act 2002 (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 Commonwealth Department of Education, Employment and Workplace Relations in compliance with Commonwealth – 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.



# **Principal's Declaration**

- I certify that the details in this Application for Enrolment are correct and reflect details in our school records.
- Our school agrees to co-operate fully with Cairns School of Distance Education staff in all matters relating to the assessment/progress of enrolled students.
- Loss of learning materials or materials returned in an unacceptable state will incur a replacement cost. The base school agrees to accept full responsibility for the payment of any replacement costs.
- Cairns SDE Semester Reports will be received and distributed to students.

All school based students will have access to:

- computer access at school (PC or Mac)
- internet access at school
- individual student headset with microphone for VOIP
- · access to a telephone

Principal name		
Principal signature	Date	

#### Address and Forward to:

Attention: Enrolments
Cairns School of
Distance Education
PO Box 7092
Cairns QLD 4870

Fax: (07) 4080 9100

Email: <u>schoolbasedenrolments@cairnssde.eq.edu.au</u> \*please ensure all required signatures are provided

## Have you enclosed?

- Bell Times
- · Most recent school report
- School timetable 2024

## Cairns SDE office use only

Date received	Roll class		
Year level	Subject class	DP	
Level of service	Mailroom/teacher advised	EO	
FTE	Invoice date		
Contact teacher			

