## **Cairns School of Distance Education**



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

Website: http://www.cairnssde.eq.edu.au



# Enrolment Form - Year 7 -10 Secondary Non-State School Based - 2024

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.

Student Information											
Surname				Given name/s							
Date of birth			G	Gender			LUI	D# Use Only Student# Use Only			
Home Address									Postco	de	
Postal address (if different)									Postco	de	
Student School email address				Phone							
Cultural backgr	ound				Countr		1				
Australian Citizen		F	Permanent Re	manent Resident		Inte	International Student				
Does the student identify as  Aboriginal  Torres Strait Islander  Neither Aboriginal or Islander  Other, please specify:											
Is the student from a non-English speaking background? Please specify Language:											
Does the student have any learning difficulty and/or Special ED support needs which would impact his/her study?											
If yes, please provide brief details:											
Year level at base school (in 2024)			Has the student been enrolled at Cairns SDE prior to 2024?					YES NO			
Daniel (O. and an Data Ha											
Parent/Guardian Details											
Full Name											
Phone					Email						
Relationship to student: (mother/father/guardian/home please specify)				ne stay-							
Does Student reside with Parent					YES	i	NO				
Main Language spoken at Home					Country of	Country of Birth					



Evidence of student's immigration status (to be completed for students who are NOT Australian citizens)*								
Permanent resident		Student visa ho	older 🗆	] - Dat	e of Arrival	:		
Femporary visa ☐ (Complete passport and visa details section below)								
Other? Please specify			•	emporary visa holders must obtain an approval to enrol in a state				
Passport and visa details (to be NOTE: A permanent resident will have Indefinitely'. For students arrivitavel to Australia' with 'stay indefinitely'.	e a passpoing in Austra	t with a permanen	nt residen ımanitaria	ncy visa ins an entrants,	ide worded 'H			
Passport number			Passport expiry date				е	
Visa number		Visa expiry date (if applicable)						
Visa sub class								
Base School Details	6							
School name						Scl	nool number	
School postal address						,		
	Pos					stcode		
Phone	Fax			School er address	mail			
Subject Request								
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 prerequisites, please refer to the 2024 Course Outlines available on the Cairns SDE website.								
Subject							Year Level	
Subject							Year Level	
Current or Previous	s Subie	cts Studied						
Current or Previous Subjects Studied  The following details are mandatory. If left incomplete enrolment may be delayed.								
Subject	ect Year level studied Year of study Result and/or percentage of course complete					ompleted		
Report Card Attached								



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.					

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	D	Date

## Address and Forward to:

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

Fax: (07) 4080 9100

Email: <a href="mailto:schoolbasedenrolments@cairnssde.eq.edu.au">schoolbasedenrolments@cairnssde.eq.edu.au</a>
\*please ensure all required signatures are provided

### Have you enclosed?

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

Cairns SDE office use only

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

