## Distance Education Fee Exemption & Waivers

Students may be eligible to apply for an exemption or waiver of the Distance Education fee providing the criteria is satisfied as stated in the Education (General Provisions) Act 2006 (Qld) for the different categories. Sufficient supporting evidence must be supplied on application for the Principal to make an informed decision.

**Please note: Approved waivers and exemptions are applied to the school year and only cover the Distance Education fee. Any other fees issued by the school will remain payable.** For more information about our fees, please visit: https://cairnssde.eq.edu.au/enrolments/resources

| DE Fee Exemption/Waiver categories | Eligibility requirements to enrol under this category | Supporting evidence |
|---|---|---|
| Geographical Isolation (Limited Choice) | Student lives in a remote area | Evidence of principal place of residence (e.g. utilities bill dated within the last 12 months). |
| Medical (Limited Choice) | Student cannot attend a school for more than 80 consecutive school days due to their health. | A Medical Certificate Form (PDF, 512.68KB). Certificate must be completed by a registered medical practitioner or psychologist. |
| Itinerant (Limited Choice) | Student has an itinerant lifestyle due to the student's or parent's occupation | A letter from employer on business letterhead confirming parent/student employment, travel dates, and ABN (if Australian business) |
| Exclusion (Limited Choice) | Student excluded from all schools and would be considered to live in a remote area (as per section 49) if the school/s from which the student is excluded were taken not to be the nearest applicable school for the definition remote area. | Exclusion letter provided from previous school. |
| Family Carer/Responsibility (Limited Choice) | Student has parental or carer responsibilities which prevent regular attendance at a school. | A medical certificate dated within the last 12 months confirming carer responsibilities or Centrelink documentation. Parental evidence can also include birth certificate indicating student as the parent or Medicare card listing dependent children. |
| Full-time Dance Student (by Choice) | Student attends a professional dance school full time (30+ hours a week) which prevents regular attendance at school. | A letter from dance school on official letterhead confirming student is a full time dance student for the applicable year. Nomination of Alternate Tutor form (PDF, 374.83KB) must be completed with your application stating the name the dance school's studio manager or tutor. |
| Financial hardship | Student would experience a significant educational disadvantage if they were not able to continue in the program and payment of the fee would cause financial hardship to the person liable to pay it. | Current Health Care Card is preferred or other evidence of financial hardship Statements that describe the personal, living or learning circumstances of the student that may cause them to experience educational disadvantage should they not be able to access distance education (e.g. lack of continuity of learning). |
| Exceptional circumstances | The SDE principal is satisfied the waiver is appropriate and reasonable because exceptional circumstances exist in relation to the student | Statements from medical or educational professionals, youth or social workers, employers or others that describe the unique personal, living or learning circumstances of the student that would support distance education as being the most appropriate educational program for the student. |

Cairns School of Distance Education
Global Learning

# DISTANCE EDUCATION ENROLMENT FEES

## Application for fee exemption/waiver/payment plan for enrolment in a program of distance education

***Privacy Statement***

*The Department of Education is collecting personal information on this form in order to be able to:*

*i. assess this application for an exemption/waiver/payment plan in relation to the payable fee for distance education pursuant to Chapter 3 of the Education (General Provisions) Act 2006 (Qld) (the Act)*

*ii. communicate with the student and persons seeking an exemption/waiver/payment plan for the fees for a program, or component of a program, of distance education about this application.*

*Personal information collected in this form will only be accessed by authorised staff of the School of Distance Education at which the student is enrolled and departmental employees. It will not be given to any other person or agency unless you have given us permission or we are authorised by law.*

| **Part A – Student details** | | | |
|---|---|---|---|
| **Surname** | | **Give names** | |
| **Date of birth** | | **Year level** | |
| **Residential address** | | **Postcode** | |
| **Postal address** | | **Postcode** | |
| **Telephone** | | **Mobile** | |
| **Email** | | | |
| **Parent/carer name (if relevant)** | | | |
| **Enrolment date** *School of Distance Education use only* | | EQ ID: | |

**Part B – Purpose of application**

| | | |
|---|---|---|
| ☐ Eligible for exemption under section 53 of the Act. *Proceed to Part C below.* | ☐ Fee waiver under section 54 of the Act. *Proceed to Part D below.* | ☐ Request to negotiate payment plan. *Proceed to Part E below.* |

**Important information** – Fees for distance education are payable annually. The eligibility criteria for exemption and waiver are detailed in sections 53 and 54 of the Act respectively (https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2006-039). If granted, a waiver/exemption is **applicable for one year**. Subsequent waivers may be applied for and granted. Further information regarding distance education enrolment fees are available at: https://ppr.qed.qld.gov.au/attachment/fee-reference-table-distance-education.docx

**Part C – Eligibility for exemption**

If you consider that the student is exempt from paying the fee for distance education, please indicate the relevant category of exemption. The student:

☐ lives in a remote area as defined by section 49 of the Act

☐ cannot attend a state school for more than 80 consecutive school days due to state of health. A medical certificate must be attached *(see Information about distance education for students with medical conditions).*

☐ has an itinerant lifestyle due to student or parental occupation, as described by section 53(2) of the Act. Provide evidence of lifestyle (e.g. letter from employee showing work schedule)

☐ Is suspended from a state school on a charge-related ground under section 281 of the Act.

☐ is excluded from a state school under section 291 of the Act, or from certain state schools under section 298 of the Act **and** would be considered to live in a remote area if the school/s from which the student is excluded were taken not to be a nearest applicable school for the definition 'remote area'.

☐ is excluded from all state schools under section 298 of the Act.

has parental responsibilities which preclude regular attendance at a state school (other than a school of distance education). *Provide evidence (e.g. child's birth certificate, Medicare card with child's name).*

☐ has carer responsibilities which preclude regular attendance at a state school. A medical certificate confirming carer responsibilities must be attached.

☐ has been refused enrolment as a mature age student at a mature age state school, or the mature age student's principal place of residence is more than 16 kilometres from the nearest mature age state school. *Provide evidence of enrolment refusal (e.g. letter from mature age state school with refusal of enrolment decision)*

☐ is in custody in a corrective services facility.

*Please explain the circumstances relevant to the claim for fee exemption and list documentary evidence that is being attached in support of the claim.*

## Part D – Fee waiver

***Payment of distance education fees may be waived, partly or entirely. Further information regarding circumstances where a fee waiver may be applicable is available at:*** *https://ppr.qed.qld.gov.au/attachment/fee-reference-table-distance-education.docx*

If applying for a waiver of the fee, please indicate the reason for the application.

☐ Student is or has been enrolled in distance education and would suffer a significant educational disadvantage if unable to continue in the program, and payment of the fee would cause financial hardship to the student or their parent/carer.

☐ Student is enrolled in distance education, and the waiver is appropriate and reasonable because exceptional circumstances exist in relation to the student.

| | | | | |
|---|---|---|---|---|
| Student is an Australian citizen | Yes | ☐ | No | ☐ |
| Student is a permanent resident of Australia | Yes | ☐ | No | ☐ |

*Please explain the circumstances relevant to the application for a waiver and list documentary evidence that is being attached in support of the application. Documentation of financial hardship must include a current Health Care Card or other evidence of financial hardship.*

## Part E – Request to negotiate payment plan

*Please explain the circumstances relevant to the request to negotiate a payment plan and list documentary evidence that is being attached in support of the application. Documentation of financial hardship may include a current Health Care Card or other evidence of financial hardship.*

## Declaration

I declare that the information I have given in this form is complete and correct.

**Applicant's name:** _____

**Relationship to student:** _____

**Signature:** _____ Date: / /

***To be completed by the School of Distance Education***

**Application for exemption**: In accordance with section 53 of the Act, this student's fee is:

☐ Payable ☐ Not payable

**Application for waiver**:

***Note**: Refer applications for fee waivers for students enrolled via DE International to the Executive Director (ED), DE International. The power in section 54(1) of the Act is delegated to the ED, DE International in respect of non-citizens and non-permanent residents and their children who are enrolled via DE International.*

In accordance with section 54 of the Act:

☐ Part of the fee is waived to the amount of $_____ ☐ The entire fee is waived

☐ The waiver is not granted

**Application for payment plan:** The request to negotiate a payment plan is:

☐ Approved ☐ Not approved

Payment plan details:

**Principal or delegate's Name:**

**Signature:** _____ Date:

**Comments:**