Cairns School of Distance Education
Global Learning

School of distance education - Application for student enrolment form (non-state school-based students)

INSTRUCTIONS

This form is to be completed by the student's base school (non-state school).

Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of the application as soon as practicable.

Please ensure **all** sections of the form are fully completed to avoid enrolment delays. Sections of the form not marked (*) are optional. Incomplete forms will be returned to the base school for completion.

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:

i. assessing whether the application for enrolment should be approved
ii. administering and planning for providing appropriate education, training and support services to students
iii. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
iv. communicating with students and parents.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. The 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 the school of distance education in the first instance. If you have a concern or complaint about the way personal information has been collected, used, stored or disclosed, please also contact the school of distance education in the first instance.

SECTION 1: BASE SCHOOL DETAILS

School name*			
School postal address	**Street number & Street name or Post Office Box**		
	City/Town		
	Postcode		
School phone number		**School email address** **NOTE: SDE requires base schools to provide a Distanceed@ email address**	

SECTION 2: SCHOOL-BASED SUPERVISOR CONTACT/S

Title		**Position***	
Family name*		**Given names***	
Phone*		**Email***	
QCAA Student Management delegate's name and email (if applicable)			

SECTION 3: STUDENT INFORMATION

Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name*		**Preferred given names**	
Residential address*			
Gender*	☐ **Male** ☐ **Female**	**Date of birth***	
EQ ID Number (if available)		**Student's school email address**	
What is the student's intended start date?*		**Current year level at base school**	
Does the student have any known medical conditions which would impact on their study	☐ **Yes, provide details** ☐ **No**	**Brief details of medical condition**	

Is the student enrolled at your school as a study abroad student?	☐ Yes ☐ No If yes, provide arrival and departure dates _____ (arrival) _____ (departure)	Was the student studying the requested subject in their home country?	☐ Yes ☐ No

SECTION 4: ADDITIONAL STUDENT INFORMATION

Is the student of Aboriginal or Torres Strait Islander origin? (if known)	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander			
Does the student speak a language other than English at home?	☐ No, English only ☐ Other (please specify) _____			
In which country was the student born?	☐ Australia ☐ Other (please specify country) _____ Date of arrival in Australia			
Is the student an Australian citizen?	☐ Yes ☐ No (if No, evidence of student's immigration status to be completed below)			
Evidence of student's immigration status (to be completed for students who are not Australian citizens)	☐ Permanent resident ☐ Student visa holder - Date of arrival ☐ 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 ☐ Other (Please specify)_____			
Passport and visa information Passport and visa details (to be completed for a student who is NOT an Australian citizen).	Passport number		Passport expiry date	
	Visa number		Visa expiry date (if applicable)	
	Visa sub class			
QCAA Student Management information NOTE: only applicable to students in years 11 and 12	Learner Unique Identification (LUI) number			
	Student details Please ensure student information is EXACTLY the same as recorded in the QCAA Student Management application to ensure results are banked correctly	Given name		
		Middle name		
		Surname		
		Date of birth		
		Gender	☐ Male ☐ Female	

SECTION 5: FAMILY DETAILS

Parents/carers	Parent/carer 1*	Parent/carer 2
Family name*		
Given names*		
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Relationship to prospective student*		

Is the parent/carer an emergency contact?*	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
1st Phone contact number*	**Work/home/mobile**	**Work/home/mobile**
2nd Phone contact number*	**Work/home/mobile**	**Work/home/mobile**
3rd Phone contact number	**Work/home/mobile**	**Work/home/mobile**
Email		
Country of birth		
Main language spoken at home		

SECTION 6: COURSE/SUBJECT SELECTION*

Course/Subject Name	Year level	Class preference 1 (if applicable)	Class preference 2 (if applicable	Prerequisite per handbook/subject guide and year completed (if applicable)

Evidence of pre-requisite completion attached to application ☐ **School report** ☐ **Foreign Language diagnostic task** ☐ **Other, Please specify**

_____

SECTION 7: COHORT INFORMATION

Why is the student enrolling at SDE?*	☐ **Course/Subject not offered by base school**	☐ **Course/Subject offered by base school but student unable to access due to timetable clash or other special circumstances**

SECTION 8: PRINCIPAL'S DECLARATION* (to be completed by the principal of the base school)

The details in this form are correct.
All supporting documentation (i.e. evidence of completion of prerequisite courses/subjects and school reports) is included in this application.
My school:

- acknowledges that participation in scheduled SDE lessons may be mandatory and will support the student to meet this requirement
- will co-operate fully with the SDE in all matters relating to the assessment/progress of enrolled students
- will provide a suitable learning environment, including appropriate technology
- will co-operate with the SDE in matters regarding the student's educational program
- will provide appropriate support and supervision
- will provide access to all required textbooks, learning resources and materials necessary for the student to complete their enrolled subject/s
- will be liable for any replacement cost for damaged or unreturned learning materials
- is responsible for forwarding applicable fees to the SDE
- agrees to participate in the flexible arrangement for the agreed period of the current school year
- will communicate with parents/carers of students, including informing them about this arrangement for their child's learning.

Principal's name			
Principal's signature		**Date**	

SECTION 9: SDE OFFICE USE ONLY

Enrolment decision		**Has the prospective student been accepted for enrolment?** ☐ **Yes** ☐ **No (applicant advised in writing)** **If no, indicate reason:** ☐ **School does not offer year level the prospective student is seeking to be enrolled in** ☐ **The course(s)/subject(s) are not offered by the SDE**					
Date enrolment processed		**Year level**		**Roll Class**		**Course/ Subject Class(es)**	
Invoice date							
FTE allocation for SDE (0.2 per subject)		**Pick-list**		**Timetable**			