

# Enrolment Form

## Primary Non-State School Based -2017



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	____/____/____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	EQ ID number	
Home Address				Postcode	
Postal address (if different)				Postcode	
School email		Family email		Phone	
Cultural background			Country of birth		
(If not born in Australia) Date of arrival	____/____/____	Australian citizen/permanent resident	<input type="checkbox"/>	International student	<input type="checkbox"/>
Visa details	<input type="checkbox"/>				
Does the student identify as <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other please specify:					
Is the student from a non-English speaking background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other please specify:					
Does the student have any medical problems which would impact on his/her study?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide brief details:					
Year level at base school (in 2017)		Has the student been enrolled at Cairns SDE prior to 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Parent/Guardian Details

Name			Phone			Email		
Relationship to student: (parent/guardian/home stay parent/other - please specify)								

#### CSDE: office use only

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

P	
DP	
EO	

## Subjects student would like to study

Subject 1:		Year level	
Subject 2:		Year level	
Subject 3:		Year level	
Subject 4:		Year level	

## Supervising teacher/study coach/school contact

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
Surname			Given Name		
Position			Phone		
			Fax		

Please note: This person will be used as a contact point for the CSDE subject teacher

## Base School Details

School name				School number	
School postal address				Postcode	
Phone		Fax		School email address	

## 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.

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

Principals name

Principals signature

Date

#### PRIVACY STATEMENT

The Department of Education, Training and Employment (DETE) 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.

#### Address and forward to:

Attention: Enrolments  
Cairns School of Distance Education  
PO Box 7092  
Cairns Q 4870  
Fax: (07) 40809100  
Email: [enrolments@cairnssde.eq.edu.au](mailto:enrolments@cairnssde.eq.edu.au)

**NOTE:** please ensure all required signatures are provided



#### Have you enclosed?

- Bell Times
- Most recent School Report
- School timetable