



## 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.		☐ Fee waiver under section 54 of the Act.		Request to negotiate payment plan.		
Proceed to Part C below.	Proceed to Part D below.		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 ( <a href="https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2006-039">https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2006-039</a> ). 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: <a href="https://ppr.ged.gld.gov.au/attachment/fee-reference-table-distance-education.docx">https://ppr.ged.gld.gov.au/attachment/fee-reference-table-distance-education.docx</a>						
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 <u>Information about distance education for students with medical conditions</u>).

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. <i>Provide</i> 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 c attached in support of the claim.	laim for fee ex	xemption and list documentary evidence that is being						
Part D – Fee waiver								
		rely. Further information regarding circumstances where v.au/attachment/fee-reference-table-distance-education.docx						
If applying for a waiver of the fee, please indicate t	he reason for	the application.						
		d would suffer a significant educational disadvantage if ee would cause financial hardship to the student or						
Student is enrolled in distance education, ar circumstances exist in relation to the stude		is appropriate and reasonable because exceptional						
Student is an Australian citizen	Yes	No						
Student is a permanent resident of Australia	Yes	No						
		or a waiver and list documentary evidence that is being ial hardship must include a current Health Care Card or						
Part E – Request to negotiate payment plan								
	n. Documenta	egotiate a payment plan and list documentary evidence ation of financial hardship may include a current Health						
Declaration								
I declare that the information I have given in this	form is comp	olete and correct.						
Applicant's name:								
Relationship to student:								
Signature:		Date: / /						



To be completed by the School of Distance Education							
Application for exemption: In Payable	accordance with section 53 of t		s:				
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	☐ The entire fee is waived				
☐ The waiver is not granted							
Application for payment plan: The request to negotiate a payment plan is:							
Approved	Approved Not approved						
Payment plan details:							
Principal or delegate's Name:							
Signature:		Date:					
Comments:							
	Г	1					
	Details	Name of Officer	Date				
Date received							
Invoice Number							
Credit number							
Credit applied							
Applicant notified							