

WADJA WADJA HIGH SCHOOL



APPLICATION FOR ENROLMENT

I WISH TO APPLY FOR MY CHILD TO ENTER YEAR/GRADE _____ IN
2023.

DATE OF ENROLMENT: _____

(OFFICE USE ONLY)

STUDENT NUMBER:

ENTERED BY: _____ DATE: _____



Wadja Wadja High School

ABN. 59 392 395 955
ICN 1039

c/- Post Office, WOORABINDA Q 4713

Telephone: 4935 0158

Email: admin@wadja.qld.edu.au

Website: www.wadja.com.au

PRIVACY STATEMENT

INFORMATION WE COLLECT -

Our school collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a student's enrolment at Wadja Wadja High School.

PURPOSE OF COLLECTION -

In addition, some of the information we collect and record is to satisfy the School's legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians. This information may also be used for appropriate purposes.

DISCLOSURE OF INFORMATION -

This information may be disclosed by us for administrative and ISQ and educational purposes to others including, but not limited to, personnel within other schools, medical practitioners, people providing services to schools, such as specialist visiting teachers and consultants.

INFORMATION REQUIRED -

If we do not obtain the personal, sensitive or health information referred to above, we will not be able to provide the best care and education for your child.

INTERNET ACCESS -

Students at Wadja Wadja High School are given internet access to provide students with valuable learning experiences. However, with this internet access it also allows students with information from around the world, and whilst as a school Wadja Wadja High School limits student access to illegal, dangerous and offensive information there is some information that cannot be controlled. Teachers will always exercise their duty of care, yet protection against exposure to harmful information should depend fully upon responsible use by students.

By completing and submitting this application for enrolment form you have confirmed your understanding or/and agreement with the above.



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STUDENT INFORMATION			
GIVEN NAME:		SECOND NAME:	
SURNAME:		GENDER:	
ADDRESS:			
PHONE NUMBER:		RELIGION:	
DATE OF BIRTH:		BIRTHPLACE:	
STUDENT IS LIVING WITH:			
LAST SCHOOL ATTENDED:			
IS THE STUDENT OF ABORIGINAL or TORRES STRAIT ISLANDER ORIGIN? (circle which applies)			
Aboriginal	Torres Strait Islander	Both Aboriginal & Torres Strait Islander	Neither Aboriginal or Torres Strait Islander
It is a requirement of enrolling with Wadja Wadja High School that a copy of the child's birth certificate is given. If this is not possible there are further steps we can assist you in with attaining a birth certificate for your child.			
COPY OF BIRTH CERTIFICATE RECEIVED:		YES / NO	
FOLLOW UP TO ATTAIN A BIRTH CERTIFICATE NEEDED:			
Has the Student ever been expelled or suspended from another school?			
Please list any siblings of the student that are currently enrolled at Wadja Wadja High School:			

Has the student been verified, or have they received inclusion support for any of the following?			
CONDITION	YES	NO	PLEASE PROVIDE DETAILS, including medication
Autistic Spectrum Disorder			
Hearing Impairment			
Intellectual Impairment			
Physical Impairment			
Social-Emotional Disorder			
Speech-Language Impairment			
Vision Impairment			
Other (please give details)			



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MEDICAL HISTORY

DOES YOUR CHILD SUFFER / BEEN DIAGNOSED FROM ANY OF THE FOLLOWING CONDITIONS? If so, please give details of regular treatment of which the school needs to be aware & if possible copies of medical reports.

CONDITION:	YES	NO	DETAILS, INCLUDING MEDICATION
ADD / ADHD			
ALLERGIES (food, medicinal, plants, animals, other)			
ANXIETY			
ANAPHYLAXIS			
ARTHRITIS			
ASTHMA			
DEPRESSION			
DIABETES			
DYSLEXIA			
EATING DISORDER			
EPILEPSY			
HEADACHES / MIGRAINES			
HEART PROBLEMS:			
KIDNEY PROBLEMS:			
PHOBIAS:			
PHYSICAL LIMITATIONS:			
RECENT ILLNESS / OPERATION / ACCIDENT:			
SKIN PROBLEMS:			
SPEECH IMPAIRMENT:			
TOURETTE SYNDROME:			
TRAVEL SICKNESS:			
OTHER – PLEASE SPECIFY:			
ALL MEDICATION MUST BE HANDED INTO THE OFFICE BEFORE SCHOOL WITH THE ADMINISTRATION OF MEDICATIONS IN SCHOOLS FORM, THIS IS AVAILABLE FROM THE SCHOOL RECEPTION.			
MEDICARE NUMBER:			



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PARENT / CARER INFORMATION (legal guardians)			
PARENT / CARER 1 NAME:			
ADDRESS:			
PHONE NUMBER:			
EMAIL:			
OCCUPATION:			
WORKPLACE:			
WORK PHONE NUMBER:			
WHAT IS THE HIGHEST YEAR OF SECONDARY SCHOOL THE <u>MOTHER/GUARDIAN</u> HAVE COMPLETED? (for persons who have never attended school, circle year 9 or equivalent or below)			
Year 12 or equivalent	Year 11 or equivalent	Year 10 or equivalent	Year 9 or equivalent or below
WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION THE <u>MOTHER/GUARDIAN</u> HAS COMPLETED? (circle which applies)			
Bachelor Degree or above	Cert I to IV (including trade certificate)	Advanced Diploma / Diploma	No non-school qualification
PARENT / CARER 2 NAME:			
ADDRESS:			
PHONE NUMBER:			
EMAIL:			
OCCUPATION:			
WORKPLACE:			
WORK PHONE NUMBER:			
WHAT IS THE HIGHEST YEAR OF SECONDARY SCHOOL THE <u>FATHER/GUARDIAN</u> HAVE COMPLETED? (for persons who have never attended school, circle year 9 or equivalent or below)			
Year 12 or equivalent	Year 11 or equivalent	Year 10 or equivalent	Year 9 or equivalent or below
WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION THE <u>FATHER/GUARDIAN</u> HAS COMPLETED? (circle which applies)			
Bachelor Degree or above	Cert I to IV (including trade certificate)	Advanced Diploma / Diploma	No non-school qualification



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EMERGENCY CONTACTS	
EMERGENCY CONTACT OTHER THAN FAMILY LISTED ABOVE	
NAME:	
ADDRESS:	
RELATIONSHIP TO STUDENT:	
PHONE NUMBER:	
AUTHORISED TO COLLECT STUDENT FROM SCHOOL:	YES NO
NAME:	
ADDRESS:	
RELATIONSHIP TO STUDENT:	
PHONE NUMBER:	
AUTHORISED TO COLLECT STUDENT FROM SCHOOL:	YES NO
In the event of any accident or illness, should immediate contact with either parent or caregiver not be possible, I give permission for the School authorities or their agents to call the Ambulance and/or a Doctor.	
STUDENT DOCTOR'S NAME:	
DOCTOR'S PHONE NUMBER:	



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FAMILY MATTERS

If both birth parents are no longer living together, is there a joint consensus to enrol this student at Wadja Wadja High School?

YES

NO

If no, please explain:

Who does WWHS communicate with regarding day to day matters and attendance related matters?

Parent 1:

Parent 2:

PARENTING ARRANGEMENTS

Are there any family law court orders or other formal order/agreements in place?

YES

NO

If yes, please explain:

If yes, who has the Parental Responsibility for this student?

If yes, does the school need to know anything else regarding these matters?



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EXCURSION CONSENT FORM			
STUDENT NAME:		GRADE:	
PARENT / CARER NAME:			
I, as the Parent/Carer, give my consent for my child to participate in:	All curricular and extra-curricular camps/excursions throughout the year conducted both in community or at external venues not indicated on this form.		
I, realise that:	All curricular and extra-curricular camps/excursions may involve sporting or other physical activities and that they may have a higher than average inherent risk. I further understand that these activities may involve overnight stays and the necessity for long distance or extensive travel.		
During any of these camps/excursions I agree to:	<ul style="list-style-type: none">• Delegate my authority to the teacher or instructors in charge.• Give my consent for my child to travel on/by public transport or private school vehicles.• Give my consent for my child to stay in overnight accommodation (if required).• Allow the teacher to seek appropriate medical assistance should an accident occur.• Authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary, in the event that I cannot be contacted.• Pay all medical and dental expenses incurred on behalf of the above student.• Agree to travel to collect my child if an incident occurs where my child is required to be sent home.• I understand the costs involved to collect my student will be at my own expense and not the schools.		
Examples of the curricular and extra-curricular excursions that my child could be involved in include:	<ul style="list-style-type: none">• Subject specific – physical activities including golf• Rugby league, Netball and other sporting activities• Overnight retreat and camp experiences at rural locations, local islands and national parks• Extended retreats and engagements which can include interstate travel		
Please sign and date below indicating your consent:			
Parent / Carer Signature:		Date:	



WADJA WADJA HIGH SCHOOL ESL DATA COLLECTION

STUDENT'S NAME: _____

The following questions will assist schools with the completion of the NSSAB Census in February each year in relation to ESL and EAL/D students. For more information regarding this requirement go to:

<http://www.isg.qld.edu.au>

Verified data in relation to ESL students is used in the funding allocation model for State Government recurrent grants. Therefore, it is imperative when collecting this information that the student's parent or legal guardian's signature authenticates the accuracy of information regarding the main language spoken by the student. State auditors will only accept student ESL and EAL/D numbers on this basis. Additionally, schools will need to keep supporting evidence that due to the impact of the home language, the student requires learning assistance to enable them to participate fully in mainstream classroom activities. This learning evidence needs to be current.

Please use the template below to guide your school in devising an enrolment form insert to assist you in this process. You may need to adjust the list of Aboriginal and Torres Strait Islander languages and dialects on the list, to reflect the home languages / dialects of the cohort of students your school usually enrolls.

LANGUAGE or Dialects OTHER THAN ENGLISH

Does the student or mother/guardian or their father/guardian speak a language other than "Standard Australian English" at home? (If more than one language, please indicate the one that is spoken most often).

Please complete the table below if your child, the child's parent or guardian speak any of the following listed languages or dialects:

Student Mother/Guardian Father/Guardian

If Yes – please specify below

Main Language or Dialect	Student Language	Mother/Guardian Language	Father/Guardian Language
Woori Lingo - Wadjigu			
Aboriginal English			
Aboriginal Kriol			
Torres Strait Creole			
Kala Lagaw Ya			
Kala Kawaw Ya			
Meriam Mer			
Gugu Yimidirr			
Wik Munkin			
Yarri Lingo			
Other Aboriginal or Torres Strait languages or dialects. Please list below:			
Asian language			
European language			
Standard Australian English			

Developed by Independent Schools Queensland 2017

Parents /Guardians Signature:



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INTELLECTUAL PROPERTY CONSENT WAIVER

Wadja Wadja High School loves to share stories about our students and what they're doing within our school and community. To help us tell these stories, we take photos/videos that are shared in different ways e.g., social media, media, reports, and newsletters.

This consent form relates to the use of photos/videos taken of your child as part of their enrolment at **Wadja Wadja High School**. **Wadja Wadja High School** would like to use the photo(s)/video in its communication materials that are used to share stories of our school.

We seek permission from you as a parent/carer to use photos/videos of your child as part of their enrolment at Wadja Wadja High School.

We seek your permission to use photos or videos taken, starting from the date on this form.

In signing this form, you give consent for **Wadja Wadja High School** to use images/video of your child for communication purposes and that:

- the information you have supplied to us is true and correct and that you will not use a false name or impersonate another.
- that your image and story and derivations thereof may be used by us and that you consent to the use of your name, likeness, voice, and biographical material in connection with **Wadja Wadja High School**
- you hereby authorise any images, video footage, audio or written recordings taken in whole or in part, individually or in conjunction with other images, to be used for the purposes of promoting and sharing stories of **Wadja Wadja High School** on our website and through other official channels, and to be used by other media outlets for media purposes.
- This consent form also includes other official requests at schooling events to take and use your child's photos/videos.
- you acknowledge that neither you or anyone on your behalf will receive or seek any form of remuneration or compensation now, or in the future for **Wadja Wadja High School's** use of photos/videos of your child.

Please fill in the below:

Student Name:

Parent / Carer Name:

Signature:

Date:



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STUDENT CODE OF CONDUCT

To be signed by students applying for enrolment at Wadja Wadja High School.

Upon seeking enrolment at Wadja Wadja High School, I agree to:

- Obey all the rules of the school.
- Wear the school uniform correctly.
- Speak and behave toward all staff members in a respectful and courteous manner, and accept appropriate disciplinary action where deemed necessary.
- Act at all times (including outside of school times) in a manner that will set an example of behaviour that is consistent with the values of Wadja Wadja High School and the Woorabinda Community.
- Seek to achieve my potential.

NAME OF STUDENT:

SIGNATURE OF STUDENT:

DATE:

APPLICATION TO ENROL – PARENTS / LEGAL GUARDIANS TO SIGN

I have read the above statement and I agree to support the school in the maintenance of the Code of Conduct in relation to my child, once enrolled at Wadja Wadja High School. I understand that failure to abide by the Code of Conduct will put my child's enrolment at Wadja Wadja High School in jeopardy.

I / We have provided a full disclosure and supplied all documentation and other information WWHS will need to best meet the child's educational needs.

I / We hereby wish for our child to be enrolled at Wadja Wadja High School.

SIGNATURE OF PARENT:

DATE:

SIGNATURE OF PARENT:

DATE: