



APPLICATION FOR ENROLMENT

PRIVACY STATEMENT

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.

Wadja Wadja High School 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 your application for enrolment should be approved
- ii. Meeting reporting obligations required by law or under Federal – State Government funding arrangements
- iii. Administering and planning for providing appropriate education, training and support services to students
- iv. Assisting school staff to maintain the good order and management of the school, and to fulfil their duty of care to all students and staff
- v. Communicating with students and parents.

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, gender and indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government funding agreements.

The information provided to WWHS may be disclosed for administrative, ISQ, NCCD 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. 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 the 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 the school in the first instance.

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.

Year of Enrolment

Year Level

Student Name

Principal Approved

(OFFICE USE ONLY)

STUDENT CODE: _____

DATE: _____

ENTERED BY: _____



STUDENT INFORMATION

LEGAL FAMILY NAME:			
LEGAL GIVEN NAMES:			
DATE OF BIRTH:		GENDER:	
PLACE OF BIRTH:		AUSTRALIAN CITIZEN? (yes/no)	
ADDRESS:			
STUDENT IS LIVING WITH:			
IS THE STUDENT OF ABORIGINAL or TORRES STRAIT ISLANDER ORIGIN?	<input type="checkbox"/> No	<input type="checkbox"/> Torres Strait Islander	
	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Both Aboriginal & 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 and if over 18 provide copy of a BlueCard. If this is not possible there are further steps we can assist you in with attaining a birth certificate for your child.

BIRTH CERTIFICATE SIGHTED:	YES / NO
FOLLOW UP TO ATTAIN A BIRTH CERTIFICATE NEEDED:	
If over 18, BlueCard number required:	

LAST SCHOOL ATTENDED:	
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:	

MEDICARE NUMBER:	
MEDICARE EXPIRY DATE:	
MEDICARE POSITION on CARD:	
Vaccination / Immunisations up to Date: [(yes/no) & list any known vaccinations/immunisations dates]	

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.

Please also give details of any regular medical treatment/conditions of which the school needs to be aware of & if possible, copies of medical reports.



MEDICAL HISTORY

DISABILITY	YES	NO	DETAILS, INCLUDING MEDICATION
Language / Speech			
Physical Disability			
Intellectual Disability			
Hearing Impairment			
Vision Impairment			
Deaf / Blind			
Mental Health Problems			
Autism			
Cognitive			
Sensory			
Social / Emotional			
MEDICAL CONDITION	YES	NO	DETAILS, INCLUDING MEDICATION
ADD / ADHD			
Allergy / Anaphylaxis			
Anxiety			
Asthma			
Blood Disorders			
Bone Condition			
Chronic Fatigue			
Diabetes			
Diagnosed Migraine			
Dietary			
Dysmenorrhea (Painful menstruation)			
Eating Disorder			
Eczema			
Epilepsy			
Glandular Fever			
Heart Condition			
Phobia			
Psychological Disorders (Anxiety/depression)			
Travel Sickness			
Recent illness / operation / accident			
OTHER – PLEASE SPECIFY:			



PARENT / CAREGIVER INFORMATION

(legal guardians)

MOTHER / CARER 1 NAME:	
ADDRESS:	
PHONE NUMBER:	
EMAIL:	
OCCUPATION:	
WORKPLACE:	
WORK PHONE NUMBER:	
ABORIGINAL or TORRES STRAIT ISLANDER ORIGIN:	

FATHER / CARER 2 NAME:	
ADDRESS:	
PHONE NUMBER:	
EMAIL:	
OCCUPATION:	
WORKPLACE:	
WORK PHONE NUMBER:	
ABORIGINAL or TORRES STRAIT ISLANDER ORIGIN:	

PARENT / CAREGIVER EDUCATION

What is the highest year of primary or secondary school the parents/guardians completed? Mark one box only.

	Mother/Caregiver 1	Father/Caregiver 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)

What is the level of the highest qualification the parent/caregivers have completed? Mark one box only.

	Mother/Caregiver 1	Father/Caregiver 2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate 1 to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

What is the occupation group of the Mother/Caregiver?

What is the occupation group of the Father/Caregiver?



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.isq.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/Carer	Father/Carer
If Yes – please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Language or Dialect	Student Language	Mother/Carer Language	Father/Carer 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 /Caregiver Signature:



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:	



CONFIDENTIAL

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:
(including who has parental responsibility for the student and any other information regarding these matters)



EXCURSION CONSENT FORM

STUDENT NAME:		GRADE:	
PARENT / CAREGIVER NAME:			
I, as the Parent/Carer, give my consent for my child to participate in:	All curricular and extra-curricular camps/excursions as well as swimming lessons and other sporting opportunities 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 including swimming and other water-based 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 Swimming, water-based activities, Golf, Rugby league, Netball, Rugby Union 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 / Caregiver Signature:		Date:	



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 you give permission to publish student photograph to media, online and printed material.
- 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 / Caregiver Name:

Signature:

Date:



APPLICATION TO ENROL

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 understand that Wadja Wadja High School may terminate this enrolment if:

- we expel the student from the school.
- we decide at the end of a school year that we do not wish to continue the contract for the following school year for any reason.
- mutual trust and co-operation between us breaks down.
- failure to abide by the Code of Conduct or breach of this Code of Conduct and you fail to remedy the breach within a reasonable time after notice from us requiring you to do so.

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:



CONSENT TO SHARE PERSONAL INFORMATION

The information provided to our school will assist a new principal with ensuring the continuity of the student's educational program and meet duty of care obligations in relation to the student and school community. The information and relevant documents provided will only be accessed by authorised staff and will not be given to any other person or agency unless permitted or required by law.

Student Name:

Date of Birth:

has completed an enrolment application at Wadja Wadja High School to enrol in Grade _____.

Parent / Legal Guardians Authority

I / we consent & understand that the purpose of this consent form is for Wadja Wadja High School to receive and provide specified personal information to a particular person or agency only as permitted or required by law.

I / we, hereby authorise Wadja Wadja High School to collect and obtain the following personal information relating to our child for the purpose of identifying and responding to educational needs of students.

Educational Performance:

- NAPLAN Test.
- Latest Report Card.

Educational Support:

- Verification of Disability report including category – Adjustment Information Management System (AIMS) Student Details Report or copies of other relevant EAP documents.
- Individual Curriculum Plan.
- Personalised Learning Plans/Records & Wellbeing Supports

Behavioural Issues:

- Information regarding whether the student has been previously suspended or excluded & whether the student's attendance at the school posed an unacceptable risk to the safety or wellbeing of other students and staff.
- Individual Behaviour Support Plan.

For Secondary Students ONLY:

- Any qualifications or certificates.
- LUI – Learner Unique Identifier & USI number.
- Senior Education and Training (SET) Plan or equivalent.

Parent / Legal Guardian Name:

Signature:

Date: _____