



ENROLMENT FORMS 2024

PARENT INFORMATION

STUDENT NAME _____

CURRENT ADDRESS _____

WHICH PARENT/S RESIDES WITH THE STUDENT?

PARENT/CARER 1 YES / NO

PARENT/CARER 2 YES / NO

IF STUDENTS LIVE BETWEEN TWO RESIDENCES, WHAT ARE THE ARRANGEMENTS IN PLACE

PARENT/CARER 1 _____

PARENT/CARER 2 _____

ARE THERE ANY LEGAL DVO OR AVO IN EFFECT THAT PERTAIN TO THIS STUDENT?

YES / NO

IF SO WHAT ARE THE DETAILS (COPIES OF LEGAL ORDERS MUST BE SUPPLIED:

WHICH PARENT WILL RECIEVE ANY INVOICES:

PARENT/CARER 1 YES / NO

PARENT/CARER 2 YES / NO

PLEASE INDICATE WHO IS TO RECIEVE THE SMS IF YOUR STUDENT IS ABSENT WITHOUT EXPLANATION:

PARENT/CARER 1 YES / NO

PARENT/CARER 2 YES / NO

PLEASE INDICATE IF A PARENT/CARER WISHES TO RECIEVE CORRESPONDENCE (REPORTS, INVITATIONS, NEWSLETTER ETC)

PARENT/CARER 1 YES / NO

PARENT/CARER 2 YES / NO

PLEASE INDICATE IF PARENTS ARE THE MAIN EMERGENCY CONTACTS:

PARENT/CARER 1 YES / NO IF SO MOBILE # _____

PARENT/CARER 2 YES / NO IF SO MOBILE # _____

APPLICATION FOR STUDENT ENROLMENT

INSTRUCTIONS

Please refer to the *Application to enrol in a Queensland state school* information sheet at the end of this form when completing this application. Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of your application as soon as practicable.

Failure or refusal to complete those sections of the form marked with an (*) or to provide required documentation may result in a refusal to process your application. These questions and your consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form not marked (*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding reliant on such information. Parents of all students in Australia have been asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students, regardless of their background. The required information includes the Indigenous status and language background of the student, and the education, occupation and language background of the parents.

If you have any questions about the enrolment form or process, or require assistance completing this form, including translation services, please contact the school in the first instance.

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 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 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. DoE will disclose personal information from this form to the Queensland Curriculum and Assessment Authority when opening student accounts, in compliance with Part 3 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014* (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, gender and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government 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 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.

PROSPECTIVE STUDENT DEMOGRAPHIC DETAILS

Legal family name* (as per birth certificate)			
Legal given names* (as per birth certificate)			
Preferred family name			Preferred given names
Gender*	Male	Female	Date of birth* ____ / ____ / ____
Copy of birth certificate available to show school staff*	Yes	No	Enrolment may not be approved without enrolling staff sighting the prospective student's birth certificate. An alternative to birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. prospective student born in country without birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate. The requirement to sight the birth certificate does not apply where the prospective student has been previously enrolled in a state school and a birth certificate has been sighted. For international students approved for enrolment by EQI, a passport or visa will be acceptable.
For prospective mature age students, proof of identity supplied and copied*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prospective mature age students must provide photographic identification which proves their identity: <ul style="list-style-type: none"> • current driver's licence; or • adult proof of age card; or • current passport.

Has the prospective student ever attended a Queensland state school?	Yes No	If yes, provide name of school and approximate date of enrolment.		
What year level is the prospective student seeking to enrol in?		Please provide the appropriate year level.		
Proposed start date	____ / ____ / ____	Please provide the proposed starting date for the prospective student at this school.		
Does the prospective student have a sibling attending this school or any other Queensland state school?	Yes No	If yes, provide name of sibling, year level, date of birth, and school	Name:	
			Year Level	
			Date of birth	____ / ____ / ____
			School	

INDIGENOUS STATUS

Is the prospective student of Aboriginal or Torres Strait Islander origin?	No	Aboriginal	Torres Strait Islander	Both Aboriginal and Torres Strait Islander
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FAMILY DETAILS

	Parent/Carer 1	Parent/Carer 2
Parents/Carer		
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
1 st Phone contact number*	Work/home/mobile	Work/home/mobile
2 nd Phone contact number*	Work/home/mobile	Work/home/mobile
3 rd Phone contact number*	Work/home/mobile	Work/home/mobile
Email		
Occupation		
What is the occupation group of the parent/Carer?	(Please select the parental occupation group from the list provided at the end of this form. If parent/Carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/Carer 1 has not been in paid work in the last 12 months, enter '8')	(Please select the parental occupation group from the list provided at the end of this form. If parent/Carer 2 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/Carer 2 has not been in paid work in the last 12 months, enter '8')
Employer name		
Country of birth		
Does parent/Carer 1 or parent/Carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	No, English only Yes, other – please specify Needs interpreter? Yes No	No, English only Yes, other – please specify Needs interpreter? Yes No
Is the Parent/Carer an Australian citizen?	Yes No	Yes No
Is the Parent/Carer a permanent resident of Australia?	Yes No	Yes No

FAMILY DETAILS (continued)

Parents/Carers	Parent/Carer 1	Parent/Carer 2
Address line 1		
Address line 2		
Suburb/town		
State	Postcode	Postcode
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')		
Address line 1		
Address line 2		
Suburb/town		
State	Postcode	Postcode
Parent/Carer schooleducation	What is the <i>highest</i> year of schooling parent/carer 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')	What is the <i>highest</i> year of schooling parent/carer 2 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Carer non-schooleducation	What is the level of the <i>highest</i> qualification parent/carer 1 has completed?	What is the level of the <i>highest</i> qualification parent/carer 2 has completed?
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

COUNTRY OF BIRTH*

In which country was the prospective student born?	<input type="checkbox"/> Australia
	<input type="checkbox"/> Other (please specify country) _____
	Date of arrival in Australia _____ / _____ / _____
Is the prospective student an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, evidence of the prospective student's immigration status to be completed)

PROSPECTIVE STUDENT LANGUAGE DETAILS

Does the prospective student speak a language other than English at home?	<input type="checkbox"/> No, English only
	<input type="checkbox"/> Yes, other – please specify _____

EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS (to be completed if this person is NOT an Australian citizen)*

<input type="checkbox"/> Permanent resident	Complete passport and visa details section below
<input type="checkbox"/> Student visa holder	Date of arrival in Australia _____ / _____ / _____
	Date enrolment approved to: _____ / _____ / _____
<input type="checkbox"/> Temporary visa holder	EQI receipt number: _____
<input type="checkbox"/> Other, please specify _____	Complete passport and visa details section below. Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI

EVIDENCE OF PROSPECTIVE STUDENT'S IMMIGRATION STATUS* (continued)

Passport and visa details (to be completed for a prospective student who is NOT an Australian citizen).

NOTE: A permanent resident will have a visa grant notification with an indefinite stay period indicated.

For prospective students arriving in Australia as refugee or humanitarian entrants, either PLO 56 Immigration issued card or 'Document to travel to Australia' with 'stay indefinite' recorded must be sighted by the school.

Passport number		Passport expiry date	____ / ____ / ____
Visa number		Visa expiry date (if applicable)	____ / ____ / ____
Visa sub class			

PROSPECTIVE STUDENT'S PREVIOUS EDUCATION / ACTIVITY

Where does the prospective student come from?	<input type="checkbox"/> Queensland <input type="checkbox"/> interstate <input type="checkbox"/> overseas
Previous education/activity	<input type="checkbox"/> Kindergarten <input type="checkbox"/> School <input type="checkbox"/> VET <input type="checkbox"/> Home education <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Other
Please provide name and address of education provider/activity provider/employer	

RELIGIOUS INSTRUCTION*

From Year 1, the prospective student may participate in religious instruction if it is available. If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction. Parents/carers may change these arrangements at any time by notifying the principal in writing.	Do you want the prospective student to participate in religious instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes', please nominate the religion:

PROSPECTIVE STUDENT ADDRESS DETAILS*

Principal place of residence address			
Address line 1			
Address line 2			
Suburb/town	State	Postcode	
Mailing address (if it is the same as principal place of residence, write 'AS ABOVE')			
Address line 1			
Address line 2			
Suburb/town	State	Postcode	
Email			

EMERGENCY CONTACT DETAILS (Other emergency contact details if parents/carers listed previously are not emergency contacts or cannot be contacted. At least one emergency contact must be provided)*

	Emergency contact	Emergency contact
Name		
Relationship (e.g. aunt)		
1 st phone contact number*	Work/home/mobile	Work/home/mobile
2 nd phone contact number*	Work/home/mobile	Work/home/mobile
3 rd phone contact number*	Work/home/mobile	Work/home/mobile

PROSPECTIVE STUDENT MEDICAL INFORMATION (including allergies)***Privacy Statement**

The Department of Education (DoE) is collecting this medical information in order to address the medical needs of students during school hours as well as during school excursions, school camps, sports and other school activities. DoE will not use this information to make a decision about a prospective student's eligibility for enrolment. The information will only be used by authorised employees of the department and DoE will only record, use and disclose the medical information in accordance with the confidentiality provisions at Section 426 of the Education (General Provisions) Act 2006.

It is essential that the school is advised before the prospective student's first day of attendance if the prospective student has any medical conditions. The school administration staff must also be informed of any new medical conditions or a change to medical conditions as soon as they are known.

Should the prospective student need to take routine medication during school hours, the *Parent consent to administer medication at school* form must be completed before school staff can administer medication. All medication must be provided in the original container with a pharmacy label providing clear instructions for administration. For emergency medication the school will also require a doctor's letter containing detailed instructions and or a signed Action Plan / Emergency Health Plan. Parent consent and health plans must be reviewed annually. All original documentation will be retained at the office and copies of Action or Emergency Health Plans kept with the student.

No known medical conditions	<input type="checkbox"/>		
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)			
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)			
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)			
Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)? This is for the purpose of informing planning for school activities such as sport and school excursions.	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify		
Name of prospective student's medical practitioner (optional)	Contact number of medical practitioner		
Medicare card number (optional)	Position Number		
Cardholder name (if not in name of prospective student)			
Private health insurance company name (if covered) (optional)	Private health insurance membership number (leave blank if company name is not provided)		
I authorise school staff to contact the prospective student's medical practitioner for the purposes of seeking advice in cases where an immediate but non-life threatening response is required (for instance, when the prospective student may be on an excursion or sporting event), and to provide Medicare card details if required? (answer only if medical practitioner and Medicare card details have been provided above)			<input type="checkbox"/> Yes <input type="checkbox"/> No

COURT ORDERS***Out-of-Home Care Arrangements***

Under the *Child Protection Act 1999*, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.

Is the prospective student identified as residing in out-of-home care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	Commencement date	___/___/___
	End date	___/___/___
Contact details of the Child Safety Officer (if known)	Name	
	Phone number	

COURT ORDERS* (continued)**Family Court Orders***

Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the prospective student?

Yes No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date

____ / ____ / ____

End date

____ / ____ / ____

Other Court Orders*

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the prospective student?

Yes No

If yes, what are the dates of the court order? Please provide a copy of the court order.

Commencement date

____ / ____ / ____

End date

____ / ____ / ____

APPLICATION TO ENROL*

I hereby apply to enrol my child or myself at _____.

I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.

	Parent/Carer 1	Parent/Carer 2	Prospective student (if student is mature age or independent)
Signature			
Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

Office use only

Enrolment decision	Has the prospective student been accepted for enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No (applicant advised in writing) If no, indicate reason: <input type="checkbox"/> Does not meet School EMP or Enrolment Eligibility Plan requirements <input type="checkbox"/> Prospective student is mature age and school is not a mature age state school <input type="checkbox"/> Does not meet Prep age eligibility requirement <input type="checkbox"/> Prospective student is subject to suspension from a state school at the time of enrolment application <input type="checkbox"/> Does not meet requirements for enrolment in a state special school <input type="checkbox"/> Does not have an approved flexible arrangement with the school <input type="checkbox"/> School does not offer year level prospective student is seeking to be enrolled in <input type="checkbox"/> Prospective student has no remaining semester allocation of state education		
Date enrolment processed	____ / ____ / ____	Year level	Roll Class _____ EQ ID _____
Independent student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate/passport sighted, number recorded and DOB confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____
Is the prospective student over 18 years of age at the time of enrolment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the prospective student exempt from the mature age student process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, has the prospective mature age student consented to a criminal history check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	School house/team	EAL/D support <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined
FTE	Associated unit	Visa and associated documents sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No
EQI category	SV – student visa TV – temporary visa DS – dependent – parent on student visa	EX – exchange student DE – distance education	

Student Agreements

ICT NETWORK POLICY

After reading the STUDENT USAGE OF INTERNET, INTRANET AND EXTRANET policy in the Information to Parents booklet, complete and sign the following:

Student

- I understand that the school's ICT network provides me with access to a range of essential learning tools including the internet. I understand that the internet can connect me to useful information stored on computers from around the world.
- While I have access to the school's ICT network: I will only use it for educational purposes; I will not undertake or look for anything that is illegal, dangerous or offensive; and I will not reveal my password or allow anyone else to use my school account.
- Specifically in relation to e-mail and internet usage, I will: clear any offensive pictures or information from my screen; and immediately quietly inform my teacher. In the same instance I will not reveal home addresses or phone numbers – mine or that of any other person; or use the school's ICT network (including the internet) to annoy or offend anyone else.
- I understand that if the school decides I have broken the rules for using its ICT network, appropriate action will be taken, which may include loss of access to the network (including the internet) for some time.
- I agree to use my device responsibly with reference to the School's Bring Your Own Device (BYOD) user agreement and policy and procedures.

Parents

- I understand that the school provides my child with access to the school's network (including the internet) for valuable learning experiences. In regards to internet access, I understand that this will give my child access to information on computers from around the world; that the school cannot control what is on those computers; and that a small part of that information can be illegal, dangerous or offensive.
- I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information should depend finally upon responsible use by students/my child. Additionally, I will ensure that my child understands and adheres to the school's appropriate behaviour requirements and will not engage in inappropriate use of the school's ICT network.
- I believe _____ understands this responsibility, and I hereby give my permission for him/her to access and use the school's ICT network (including the internet) under the school rules. He/she will use their device responsibly with reference to the School's Bring Your Own Device (BYOD) user agreement and policy and procedures. I understand that students breaking these rules will be subject to appropriate action by the school. This may include loss of access and usage of the school's ICT network for some time.

Parent/Carer's Signature _____ **Date:** _____

Student's Signature _____ **Date:** _____

STUDENT PARTICIPATION IN CHAPLAINCY PROGRAM

This school community provides a chaplaincy program endorsed by the school's Parents and Citizens' Association and available on a voluntary basis to all students. Information about the school's chaplaincy program is on the school's website. The chaplain is involved in a range of activities at this school which are free of religious or spiritual content.

Parent consent, or in some cases, the student's consent is required for participation in specific activities with religious or spiritual content. If the principal decides that the student has the appropriate level of maturity and understanding to give informed consent, the student must sign this form themselves. Otherwise, the parent must sign the form on the student's behalf.

The school newsletter and website will advise of any activities with religious or spiritual content in the school, prior to commencement.

I Give Consent for my student to participate in the chaplaincy program at Everton Park State High School

Parent/Carer Signature _____ **Date** _____

BYOD (BRING YOUR OWN DEVICE)

Everton Park State High School has a Bring Your Own Device (BYOX) program for all enrolled students. The program allows students to bring a laptop that meets the school determined minimum specifications. See "Acceptable Devices List". For the BYOX program to successfully support teaching and learning in the Everton Park State High School context it is important that parents /carers and students agree:

- Only a device meeting the minimum requirements listed in the "Acceptable devices list" is permitted to be used in the Everton Park State High School BYOX program. The School has selected the specifications for devices published in the "Acceptable Devices List" as those most suitable for the teaching and learning context;
- Everton Park SHS will provide limited support to students and an annual fee of \$60.
- Selected software and/or apps required will be advised to students as part of induction processes at the beginning of the school year. Teachers of specialist subjects will advise students of specific requirements. The school retains the right to add additional apps to the device as deemed necessary for classroom outcomes;
- All damages, breakages, loss and theft are the responsibility of the owner of the device. Parents are encouraged to take out appropriate insurance for the device. Any damage, breakages, loss and theft should be reported to the school;
- The device while in the school is used for appropriate educational activities at the discretion of the teacher. See "Everton Park SHS Bring Your Own Device Policy and Procedures," in particular note:
 - Teachers can at their discretion view all active/open applications and temporarily confiscate a device from the students;
 - For repeat offenders the device can be confiscated by a Head of Department, Deputy Principal or Principal and stored securely in the School Administration Office. Parents may retrieve the device at any time during office hours. Students will have access following completion of disciplinary procedures;
 - At the discretion of the Principal or Deputy Principal the school may apply an extended ban to the use of the device at school;
 - At the discretion of the Principal or Deputy Principal the student may be banned permanently for confirmed inappropriate use of the device or for such use that brings the school into disrepute;
- If the device has cellular capabilities parents retain responsibility for how the device is used. Parents are advised to remove the sim card to disable cellular capabilities during the school day;
- Parents/Carers and students must present the BYOX and access passwords to the Principal or Deputy Principal when instructed to facilitate investigation of any alleged, or otherwise, misuse of the BYOX in the school environment;
- Parents/carers who do not agree to this User Agreement will not be able to have their student bring a device to school for use in the Everton Park SHS BYOX program;
- Students must ensure that the device is stored securely while not in use at school.

I (student name) _____ agree to the conditions outlined in the Everton Park State High School BYOX user agreement.

Student's signature _____ **Date** _____

I (Parent/Carer name) _____ agree to the conditions outlined in the Everton Park State High School BYOX user agreement.

Parent/Carer signature _____ **Date** _____

Anti-Bullying Contract

Everton Park State High School – Anti-Bullying Contract

We agree to work together to improve the quality of relationships in our community at Everton Park State High School. It is through intentional consideration of our behaviour and communication that we can reduce the occurrence of bullying, and improve the quality of the schooling experience for everyone.

The agreed national definition for Australian schools describes bullying as:

- ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm;
- involving an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening;
- happening in person or online, via various digital platforms and devices and it can be obvious (overt) or hidden (covert). Bullying behaviour is repeated, or has the potential to be repeated, over time (for example, through sharing of digital records);
- having immediate, medium and long-term effects on those involved, including bystanders. Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying.

We believe that no one deserves to be mistreated and that everyone regardless of race, colour, religion, immigration status, nationality, size, gender, popularity, athletic capability, academic outcomes, social ability, or intelligence has the right to feel safe, secure and respected.

I _____ (Name) agree to:

- Treat everyone with kindness and respect
- Abide by the school's anti-bullying policies and procedures
- Support individuals who have been bullied
- Speak out against verbal, relational, physical bullying and cyber bullying
- Notify a parent, teacher, or school administrator when bullying does occur.

Parent's/Carer's signature: _____

Students Signature: _____

EPSHS Representative Signature: _____

Consent Forms

...Where every student is known

INTRODUCTION TO THE STATE SCHOOL CONSENT FORM

This information is to explain how we will use your child's personal information and student materials. It outlines:

- what information we record
- how we will use student materials created during your child's enrolment.

Examples of personal information which may be used and disclosed (subject to consent) include part of a person's name, image/photograph, voice/video recording or year level.

Your child's student materials:

- are created by your child whether as an individual or part of a team
- may identify each person who contributed to the creation
- may represent Indigenous knowledge or culture.

Purpose of the consent

It is the school's usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education.

To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the 'Media Sources' section below.

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements.

The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided.

It should be noted that in some instances the school may be required by the Education (General Provisions) Act 2006 or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.

Consent may be limited or withdrawn

Consent may be limited or withdrawn at any time by you.

If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

Media sources used

Following is a list of online and social media websites and traditional media sources where the school may publish your child's personal information or student materials subject to your consent.

- School website: <https://evertonparkshs.eq.edu.au/Pages/default.aspx>
- Facebook: <https://www.facebook.com/evertonparkstatehigh/>
- Local newspaper
- School newsletter
- Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact Enrolment Officer on enrolments@evertonparkshs.eq.edu.au.

The enrolments officer should be contacted if you have any questions regarding consent.

Consent Forms

...Where every student is known

STATE SCHOOL CONSENT FORM

1. IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES

- Parent/Carer to complete
- Mature/independent students may complete on their own behalf (if under 18 a witness is required).

(a) Full name of individual: _____

(b) Date of birth: _____

(c) Name of school: _____

(d) Name to be used in association with the person's personal information and materials* (please select):

Full Name

First Name

No Name

Other Name _____

*Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use a student's name at its discretion.

2. PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

- (a) Personal information that may identify the person in section 1:
- Name (as indicated in section 1) • Image/photograph • School name
 - Recording (voices and/or video) • Year level
- (b) Materials created by the person in section 1:
- Sound recording • Artistic work • Written work • Video or image
 - Software • Music score • Dramatic work

3. APPROVED PURPOSE

If consent is given in section 6 of the form:

- The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
 - Any activities engaged in during the ordinary course of the provision of education (including assessment), or other purposes associated with the operation and management of the school or DoE including to publicly celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.
 - Promoting the success of the person in section 1, including their academic, sporting or cultural achievements.
 - Any other activities identified in section 4(b) below.
- The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
 - the school's newsletter and/or website;
 - social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached);
 - year books/annuals;
 - promotional/advertising materials; and
 - presentations and displays.
- **TIMEFRAME FOR CONSENT**
School representative to complete.
 - (a) Timeframe of consent: duration of enrolment.
 - (b) Further identified activities not listed in the form and letter for the above timeframe: as requested
- **LIMITATION OF CONSENT**
The Individual and/or parent wishes to limit consent in the following way:

Consent Forms

...Where every student is known

CONSENT AND AGREEMENT

- CONSENTER – I am (tick the applicable box):

- Parent/Carer of the identified person in section 1
- the identified person in section 1 (if a mature/independent student or employee including volunteers)
- recognised representative for the Indigenous knowledge or culture expressed by the materials

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3.

By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third-party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Print name of student: _____

Print name of consenter: _____

Signature or mark of consenter: _____ Date: _____

Signature or mark of student (if applicable): _____ Date: _____

SPECIAL CIRCUMSTANCES

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or Individual student; or when the consenter is an independent student and under 18 the section below must be completed.

- WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read
I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications.

Print name of witness: _____

Signature of witness: _____ Date _____

- Statement by the person taking consent – when it is read
I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified materials will be used in accordance with the State School Consent Form
2. reference to the identified person will be in the manner consented
3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the consenter.

Print name and role of person taking the consent: _____

Signature of person taking the consent: _____ Date: _____

Privacy Notice

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information. The information will be used and disclosed by authorised school employees for the purposes outlined on the form. Student personal information collected on this form may also be used or disclosed to third parties where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal student information on this form or discuss how it has been dealt with, please contact your student's school in the first

Enrolment Agreement

Please Indicate as required your acknowledgment and understanding of the Policies, statements and Agreements included in the Enrollment Package and outlined below

- Student Code of Conduct (Copy Provided)
- Student Dress Code (Parent Handbook)
- Parent and Community Code of Conduct (Parent Handbook)
- Homework Expectations (Parent Handbook)
- School charges and voluntary contributions (Finance Booklet)
- Advice for state schools on acceptable use of ICT facilities and devices
- Absences (Parent Handbook)
- School excursions (Finance Booklet)
- Complaints Management (Parent Handbook)
- Chaplaincy and student welfare worker services – policy statement
- Department insurance arrangements and accident cover for students
- Obtaining and managing student and individual consent
- Student absentee SMS txt Mobile number _____
- Suspensions and Exclusions (Code of Conduct)
- Anti Bullying Policy

I acknowledge:

- That I have read and understood the responsibilities of the student, parents or carers and the school staff outlined above; and
- That information about the school's current rules, policies, programs and services, as outlined above has been provided and explained to me.

Student Signature: _____ **Parent/Carer Signature:** _____

On behalf of Everton Park State High School Signature: _____

Support Request

Everton Park State High School has a Special Education Program and a Support Teacher – Literacy and Numeracy (STLAN) to cater for students with verified disabilities and/or learning difficulties.

If you believe that your student may need support, please complete this form. If you are uncertain, please ask to speak to the teacher.

Student's Name: _____ Year Level: _____

EDUCATIONAL HISTORY

Primary/Previous School: _____

School contact person/s and position: _____

AVT/other Support personnel (names): _____

- NAPLAN – does not meet National Minimum Standard
- Identified as Gifted and Talented (Subject/Area: _____)
- Speaks English as a Second Language
- Guidance File attached
- Support File attached, including:
 - Details of IEP or Special Consideration
 - Results of any formal tests and/or Report Cards
- Other: _____

Signed: _____
(Parent/Carer)

Date: _____

Diverse Learner Enrolment Information

...Where every student is known

STUDENT DETAILS	
Student Name:	Year Level: _____
Name of previous school:	
DIVERSE LEARNER DETAILS – HAS THE STUDENT BEEN PROVIDED WITH ADDITIONAL SUPPORT PREVIOUSLY?	
Curriculum	<i>Specific adjustments/tailored supports: e.g., Teacher Aide, focused/Intensive classes, small group classes etc.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details
Individual Curriculum Plan (ICP): <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the subject and year level:	
Social/Emotional wellbeing	Medical diagnosis: <input type="checkbox"/> Sensory (e.g., Hearing, Vision) Details: _____ <input type="checkbox"/> Cognitive (e.g., LD, Dyslexia, Dyspraxia, ID) Details: _____ <input type="checkbox"/> Social-emotional (e.g., anxiety, depression) Details: _____ <input type="checkbox"/> Physical (e.g., spina bifida, cerebral palsy) Details: _____
Support	Has the student accessed the following supports? <input type="checkbox"/> Guidance Officer <input type="checkbox"/> Chaplain <input type="checkbox"/> School Nurse <input type="checkbox"/> Special Education Program <input type="checkbox"/> Learning Support <input type="checkbox"/> Other, please specify:
Attendance	Attendance Concerns:
Behaviour	Triggers the school needs to be aware of: Set Routines:
Interests	Student's main interests:
Medication	Does your child take medications that may need to be administered during school hours? <input type="checkbox"/> No <input type="checkbox"/> Yes
EXTERNAL SUPPORT PROVIDERS	
In the past two years has your student seen any of the following specialists? Are you in the process of seeing the following? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Pediatrician Counsellor <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Child Youth & Mental Health <input type="checkbox"/> Child and Family Health <input type="checkbox"/> Other Health Care Providers, please specify:
National Disability Insurance Scheme (NDIS)	Are you receiving NDIS support/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No I don't know what NDIS is <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need NDIS referral assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Actions to take	<input type="checkbox"/> Refer Student to: <input type="checkbox"/> Save the form in: <input type="checkbox"/> Interstate (<i>request information</i>): <input type="checkbox"/> QLD (Check OS once activated, contact relevant school):

Instrumental Music Enrolment

Instrumental Music Program Subject Selection

STUDENT DETAILS Name: _____ Year Level: _____

Previous School (for new enrolments): _____

Please indicate the area of study below by ticking the musical instruments.

Woodwind	Brass	Strings	Percussion	Ensembles
<input type="checkbox"/> Flute	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Violin	<input type="checkbox"/> Tuned	<input type="checkbox"/> Big Band
<input type="checkbox"/> Clarinet	<input type="checkbox"/> Trombone	<input type="checkbox"/> Viola	<input type="checkbox"/> Untuned	<input type="checkbox"/> String
<input type="checkbox"/> Saxophone	<input type="checkbox"/> Baritone	<input type="checkbox"/> Cello	<input type="checkbox"/> Drum Kit	<input type="checkbox"/> Ensemble
		<input type="checkbox"/> Double Bass	<input type="checkbox"/> Bass Guitar	<input type="checkbox"/> Steel Pan Band

Students with previous instrument experience:

I have been learning/playing _____ (instrument) for _____ years and have participated in the following ensembles: _____

AMEB/Trinity Guildhall/or equivalent Grade Level or IM Curriculum Level (if known):

Method Book and page no. used: _____

(e.g. Tradition of Excellence Book 2 Pg.17)

All students:

Do you own your own musical instrument? Yes No

Do you wish to hire an instrument? Yes No

Indicate the instrument: _____

ENROLMENT AGREEMENT

The Instrumental Music Program (IM) provides tuition during school hours on Woodwind, Brass, Percussion and String instruments. The program has three components: tuition, ensemble, and home practice. Tuition takes place in school time, in small groups of 2-8 students on similar instruments and/or ability levels. The ensemble component is provided outside of school hours or during the lunch hour. Students are also required to practice their instrument at home to build their skills. All three components are compulsory and are needed to be successful in this program. Semester reporting is provided to parents and students on levels of achievement and participation in the IM program.

The Instrumental Music Program runs on a yearly enrolment agreement. Students are required to make a commitment to the program for the entire year. A subject levy applies to the program to support the purchase of sheet music, equipment and consumables. The levy is non-refundable and can be paid via invoice generated mid Term 1. The Instrumental Music teachers will be in contact at the start of each term with a student timetable, ensemble information and/or rehearsal times and locations.

INSTRUMENTAL MUSIC LEVY

Please indicate below the levy to be charged. An invoice will be generated and sent via email when this selection form is processed.

Instrumental Music \$45

Instrument Hire is \$100 per instrument. Please contact IM teacher for instrument availability.

To be enrolled in the Instrumental Music program, please read the parent and student agreement below and fill out the following and return to Administration.

STUDENT AGREEMENT

- Maintain regular practice
- Punctual attendance at weekly lessons, rehearsals and other scheduled events
- Participate in an appropriate ensemble and rehearsals, as designated by the teacher
- Participate in all concerts, performances and camps
- Develop a supportive attitude to other students in lessons and ensembles
- Take all due care and responsibility for instrument/s and property

PARENT AGREEMENT

- Provide a suitable instrument for your child, when required
- Pay levies or hiring fees as determined by the school
- Show interest in your child's music studies and support and encourage them to learn
- Provide appropriate space and opportunities for practice
- Provide safe storage at home for instrument/s
- Keep instruments in good repair and service regularly

I have read and accept the commitment and responsibility involved in enrolling in the Instrumental Music Program at Everton Park State High School.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Introduction to the Online Services Consent Form

Our school uses tools and resources to support student learning, including third party (non-departmental) online services hosted and managed outside of the Department of Education network.

Online services, including websites, web applications, and mobile applications, are delivered over the internet or require internet connectivity. Examples may include interactive learning sites and games, online collaboration and communication tools, web-based publishing and design tools, learning management systems, and file storage and collaboration services.

This letter is to inform you about the third-party online services used in our school and how your child's information, including personal information and works, may be recorded, used, disclosed, and published to the services (if you provide your consent for this to occur). The Online Services Consent Form is a record of the consent provided.

About the online services

After evaluation, the principal has deemed specific third-party online services appropriate for school use. These online services are listed on the consent form.

Third party online service providers are external to the school, and the services may be hosted onshore in Australia or offshore outside of Australia. Data that is entered into offshore services may not be subject to Australian privacy laws. When considering whether to provide your consent, we encourage you to read the information provided about each online service, including the *terms of use* and *privacy policy*, which outline how information and works will be used and under what circumstances they may be shared.

Student information

The consent collected by the form covers both student personal information (e.g. name, date of birth) and school-based information (e.g., student username, email, year level) as outlined on the form.

Where permitted by the service provider, de-identified information will be used and/or efforts will be made to limit the amount of personal information disclosed and stored within online services (e.g., when registering accounts, only mandatory information will be disclosed).

Student works

Works might include materials such as student projects, assignments, portfolios, images, video or audio. Where student works will be created within, stored or published to the online service (in some cases, published information or works will be viewable by the public), this will be indicated in 'additional consent requirements' in Section 5 of the Online Services Consent Form.

Parent information

Where your personal information (e.g. parent email, name, contact details) will be disclosed to the online service, this will be indicated in the 'additional consent requirements' in Section 5 of the Online Services Consent Form.

Purpose of the consent

Third party online services are used for various purposes. The purpose of use for each service is outlined in Section 5 of the Online Services Consent Form. For example, teachers may use online services with students to support curriculum delivery, complete learning activities and assessment, facilitate class collaboration, and create and publish class work (e.g. projects, assignments, portfolios).

The Online Services Consent Form records your consent for your child to register accounts, use, and, where specified, publish their work to these services. The form also collects your consent for school staff to collect, store, and transmit information to online services in order to manage school operations and communicate with parents and students.

It should be noted that, in some instances, the school may be required or authorised by the *Education (General Provisions) Act 2006* (Qld) or by law to record, use or disclose the student's personal information or materials without consent.

Voluntary consent provision

It is not compulsory to provide consent. If your consent is not given, this will not adversely affect any learning opportunities provided by the school to your child.

Consent may be limited or withdrawn

You can withdraw your consent at any time by notifying the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

You may also limit your consent by providing consent for some, but not all, online services listed on the form.

Requests to limit consent in relation to how the 'Information covered by this consent form' and the 'Approved purpose' (Section 2 and 3 of the form) are applied to a specific service, will be treated as "do not consent", as the school cannot guarantee correct implementation of individual requests.

Due to the nature of the internet, it may not be possible for all copies of information (including images and student works that have already been disclosed or published) to be deleted or restricted from use if you request it. The school may remove content that is under its direct control, however, information and works that have already been disclosed and published cannot be deleted, and the school is under no obligation to communicate changes to your child's consent circumstances to online service providers.

Duration of consent

The consent applies for the period of time specified on the form. You may review and update your consent at any time by notifying the school in writing (by email or letter).

There may be circumstances where the school issues a new consent form to seek additional consent e.g. in the event that new online services are identified for use.

Who to contact

To return the form, express a limited consent, withdraw consent or ask questions regarding consent, please contact enrolments@evertonparkshs.eq.edu.au.

Online Services Consent Form - Privacy Notice

The Department of Education is collecting the personal information on this form in order to obtain consent regarding the use of online services. This information and completed form will be stored securely. Personal information collected on this form may also be used by or disclosed to third parties by the Department where authorised or required by law. 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 student's school in the first instance.

This form is to be completed by:

- **Parent/Carer***;
- **Student over 18 years; or**
- **Student with independent status.**

(*Note: Where a student who is under 18 years is able to consent, they may also provide consent in addition to the parent.)

1 IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES

b) **Full name of student** _____

2 INFORMATION COVERED BY THIS CONSENT FORM

c) The consent collected by the form covers the following student personal information (identifying attributes):

- Student name (first name and/or last name)
- Sex/Gender
- Date of Birth, age, year of birth

AND the following school-based information (generally, non-identifying attributes*):

- Student school username
- Student school email
- Student ID number
- School
- Year Group
- Class
- Teacher
- Country
-

*In cases where registration and/or use requires a combination of school-based information (non-identifying) and personal information, or a combination of school-based information, the school-based information may become identifiable.

d) If an online service records, uses, discloses and/or publishes student works, parent information or additional student information (such as photographs of students), not listed above (Section 2a.), the school will specify it as part of the *additional consent requirements* on the form. Examples may include:

- Student assessment
- Student projects, assignment, portfolios
- Student image, video, and/or audio recording
- Sensitive information (e.g., medical, wellbeing)
- Name and/or contact details (e.g. email, mobile phone number) of student's parent

3 APPROVED PURPOSE

This form records your consent for the recording, use, disclosure and publication of the information listed in item 2 above, and any information or student works listed under the 'additional consent requirements', and to transfer this information and works within Australia and outside of Australia (in the case of offshore services) to the online service providers for the following purposes:

- For your child to register an account for the online services
- For your child to use the online services in accordance with each service's *terms of use* and *privacy policy* (including service provider use of the information in accordance with their *terms of use* and *privacy policy*)
- For the school to:
 - administer and plan for the provision of appropriate education, training and support services to students,
 - assist the school and departmental staff to manage school operations and communicate with parents and students.

4 TIMEFRAME FOR CONSENT

The consent granted by this form is for the duration of the student's current phase of learning (i.e. Years 7-9 and 10-12). Consent is obtained upon enrolment and renewed when students move into a new phase of learning (e.g. minimum every four years).

5 CONSENT FOR ONLINE SERVICES

For each online service listed below, please indicate your choice to **give consent** or **not give consent** for the information outlined in Section 2 to be disclosed to the online service in accordance with the purpose outlined in Section 3, and for the timeframe specified in Section 4.

Service name:	ClickView	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.clickview.com.au				
Purpose of use:	Clickview produces curriculum-aligned video and interactive content for teachers and students. Educators can search the video library, including recorded free-to-air TV programmes, for relevant clips or to create their own interactive video content and activities.				
Terms of use:	https://www.clickview.com.au/terms-and-conditions/				
Privacy policy:	https://www.clickview.com.au/privacy-policy/				

Service name:	Grok Learning (Grok Learning Pty Ltd)	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://groklearning.com/				
Purpose of use:	Online platform for learning programming and computational thinking skills.				
Terms of use:	https://groklearning.com/policies/terms/				
Privacy policy:	https://groklearning.com/policies/privacy/				
Additional Consent:	<input checked="" type="checkbox"/> Student image, video, and/or recording are stored and published. <input checked="" type="checkbox"/> Student works are stored and published.				

Service name:	Figma	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.figma.com/				
Purpose of use:	Develop mobile and web app prototypes				
Terms of use:	https://www.figma.com/tos/				
Privacy policy:	https://www.figma.com/privacy/				

Service name:	Garageband App	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.apple.com/au/mac/garageband/				
Purpose of use:	Composition of music				
Terms of use:	https://www.apple.com/legal/sla/docs/GarageBand.pdf				
Privacy policy:	https://www.apple.com/legal/sla/docs/GarageBand.pdf				

Service name:	OnGuard safety training for schools	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://onguardv3.com.au/				
Purpose of use:	Online student safety training and testing				
Terms of use:	https://onguardv3.com.au/manage/licence-agreement				
Privacy policy:	https://www.onguardsafety.com.au/privacy.htm				

Service name:	Cambridge GO	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.cambridge.edu.au/go/				
Purpose of use:	Oxford Digital offers digital learning for literature and mathematics via eBooks, interactive modules, videos and quizzes.				
Terms of use:	https://www.cambridge.edu.au/go/terms/				
Privacy policy:	https://www.cambridge.edu.au/go/privacy/				

Service name:	Oxford Digital	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	www.oxforddigital.com.au				
Purpose of use:	Oxford Digital offers digital learning for literature and mathematics via eBooks, interactive modules, videos and quizzes.				
Terms of use:	www.oxforddigital.com.au/terms.html				
Privacy policy:	https://global.oup.com/privacy?cc=au				

Service name:	JacPLUS (John Wiley & Sons Australia, Ltd)	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://www.jacplus.com.au				
Purpose of use:	JacPLUS is a digital bookshelf				
Terms of use:	https://www.jacplus.com.au/jsp/general-nav/terms/terms.jsp				
Privacy policy:	https://www.jacplus.com.au/jsp/generalnav/copyright/privacy_policy.jsp				

Service name:	Stile (Stile Education)	Data hosting:	Onshore	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
Url:	https://stileapp.com				
Purpose of use:	Stile allows teachers to create 'learning journeys' for classes and individual students and review analytics of student progress. Teachers can choose from a range of curriculum aligned Science lessons, news stories and interactive investigations to build scientific literacy.				
Terms of use:	https://stileeducation.com/terms				
Privacy policy:	https://stileeducation.com/privacy				
Additional consent is being sought for the following reasons: (as per Section 2b)	<input checked="" type="checkbox"/> Student image, video, and/or recording are stored and published. <input checked="" type="checkbox"/> Student works are stored and published. <input checked="" type="checkbox"/> The following additional student personal information is disclosed: Attendance (Including Reason), Academic testing and Responses (Online Learning Forms)				

P.T.O – Consent and Agreement overleaf

6. CONSENT AND AGREEMENT

Person giving consent – I am (tick the applicable box):

- parent/carer of the person identified in Section 1
- the person identified in Section 1 (if student is over 18 years or has independent status)

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent for the information outlined in Section 2 and any additional consent requirements outlined in Section 5 to be disclosed to the online services in accordance with the purpose outlined in Section 3 and for the timeframe specified in Section 4.

Print name of student: _____

Print name of consentor: _____

Signature or mark of consentor: _____

Date: ____/____/____

Signature or mark of student*: _____

Date: ____/____/____

**Where a student who is under 18 years is able to consent, they may also provide consent in addition to the parent*

SPECIAL CIRCUMSTANCES

The section below must be completed, if the form is:

- C) required to be read aloud (whether in English or in an alternative language or dialect) to the person giving consent **and/or**:
- D) when the person giving consent is an independent student under the age of 18.

➔ WITNESS - for consent from an independent student or where the explanatory letter and the form were read

I have witnessed the signature or mark of an independent student, or the accurate reading of the explanatory letter and the Online Services Consent Form was completed in accordance with the instruction of the person giving consent. The person giving consent has had the opportunity to ask questions. I confirm that the person giving consent have given consent freely and I submit the person understood the implications.

Print name of _____

witness:

Signature of _____

witness:

Date: ____/____/____

➔ Statement by the person taking consent – when it is read

I have accurately read aloud the explanatory letter and the Online Services Consent Form to the person giving consent, and to the best of my ability made sure that the person understands that the following will be done:

- *The identified information will be used in accordance with the Online Services Consent Form*
- *The school will cease using the information from the date that the school receives a written withdrawal of consent.*

I confirm that the person giving consent was given an opportunity to ask questions about the explanatory letter and Online Services Consent Form, and all questions asked by the person giving consent have been answered correctly and to the best of my ability. I confirm that the person giving consent has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the person giving consent.

Print name and role of person taking the consent: _____

Signature of person taking the consent: _____

Date: ____/____/____

Student Resource Form

...Where every student is known



Queensland
Government



Student Resource Scheme
Participation Agreement Form
Version 1.1

For Secondary School Curriculum

Participation

The Student Resource Scheme (SRS) provides parents with a convenient and cost-effective way to access educational resources their children need for school. These resources supplement the school's resources and enhance students' learning experience at school.

The School has developed an Everton Park State High School SRS for the provision of educational resources associated with your child's education. For more information regarding the SRS please see evertonparkshs.eq.edu.au

Please indicate your intention to participate or not by selecting "yes" or "no" and completing the information in the relevant box below:

<p><input type="checkbox"/> YES</p> <p>I wish to participate in the above-named Student Resource Scheme for the duration of my child's enrolment at the school. I have read and understand the Terms and Conditions (see reverse) and agree to abide by them and topay the annual participation fee. I understand that the school will publish information about the SRS costs and inclusions each year.</p> <p>I understand that I can opt out of SRS participation in any year by completing a new Participation Agreement Form before the invoice due date.</p> <p>I wish to make payment each year by:</p> <ul style="list-style-type: none">• A single payment for the full year's fee• Term instalments (paid over the first 3 terms)• An instalment plan as negotiated with the school (e.g. via direct debit, centrepay or other payment method) <p>Please contact the Business Manager bsm@evertonparkshs.eq.edu.au to arrange</p> <p><input type="checkbox"/> I am experiencing financial hardship and wish to meet with the school to discuss my options (see clauses 10-14 overleaf)</p>	<p><input type="checkbox"/> NO</p> <p>I do not wish to participate in the above-named Student Resource Scheme. I have read and understand the Terms and Conditions (see reverse).</p> <p>I understand I must provide my child with all items that would otherwise be provided to my child by the SRS as detailed on the information provided by the school.</p> <p>I understand that if my child is eligible for the Textbook and Resource Allowance (TRA) the school will contact me. For more details regarding the TRA and eligibility criteria enter "Textbook and Resource Allowance" into the search tool on the Department's Policy and Procedure Register at http://ppr.det.qld.gov.au</p> <p>I understand that I can choose to join the SRS in future years by completing a new Participation Agreement Form.</p>
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Student Details

I agree to the above made selection, until such point as I inform the school otherwise

Student name: _____ Year level: _____

Parent/Carer name: _____

Parent/Carer signature: _____ Date: _____