



ENROLMENT APPLICATION PACK



WELCOME

We understand that the process of enrolling at a new school is an important one. As a result, we have put all the forms in one booklet to assist you in completing this process.

The enrolment checklist is best filled out right at the end, as it helps us to be sure that you have all the necessary documents and have completed the appropriate forms.

Our list of Frequently Asked Questions will help you with commonly asked questions.

Next in the pack is the Department of Education application form, which provides us with the necessary contact and personal details.

The additional forms are completed to confirm your agreement to the conditions of enrolment, use of school computers and your student's media release forms.

Vienna Woods State School Enrolment Checklist

Appointment booked for _____

Student Name: _____

Year/Class: _____

- Birth certificate / passport (must be sighted upon application)
*Enrolment will not be accepted without proof of birth
- Application for student enrolment form
- State School Media consent form
- Third party website consent
- Enrolment agreement
- Medication authority form (if applicable)
- Medical reports (diagnosis letter, specialist reports etc)
- Court Order documents (if applicable)
- NAPLAN and or latest report card

Frequently Asked Questions

Question	Answer
Can I attend Vienna Woods SS if I don't live in the catchment area?	Yes, you may still apply to attend Vienna Woods State School even if you live outside the catchment area. Out-of-catchment enrolments are considered based on available capacity and the school's enrolment policy. Contact the school office for more information about the application process.
Who can attend Vienna Woods SS?	Children eligible to start school must turn 5 before 30 June in their Prep year. Years 1 through to Year 6 also accepted.
My child has a disability. How can I enrol him/her?	Students with a disability have an adjustment process where applicable. Once accepted these families may meet with the year level Inclusion Teacher and HOSES to discuss support strategies.
What do I need to bring on my first day of school?	A writing book and pens. Backpack, fruit, morning tea and lunch. Stationery lists are available on the school's website.
Where can I purchase the school uniform?	Our school uniform shop is run through our P&C Association and can be purchased through the QKR! App or via the Administration office. Cash and eftpos accepted.
Where does the student go on the first day?	Prep parents will be made aware prior to the school year beginning where their child's class is. Mid term enrolments meet at the Administration office and a member of staff will escort you to the classroom.
What is QParents?	QParents is a Queensland Government app that parents can notify of absence, provide digital consent, access report cards and pay invoices. Once a student is enrolled this app can be downloaded and set up.
Does your school have a Tuckshop?	Tucker Tub Tuckshop operates every day for first and second break orders. Orders are to be placed through QKR! app and before 8.30am each day or via the Tuckshop window before school.
Do you offer before and/or after school care?	Our before and after school care is operated through CAMP Australia. All registrations and bookings are directly through CAMP Australia.



Application for student enrolment form

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*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	____/____/____
Copy of birth certificate available to show school staff* Registration Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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.</p> <p>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.</p> <p>For international students approved for enrolment by EQI, a passport or visa will be acceptable.</p>	
For prospective mature age students, proof of identity supplied and copied*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Prospective mature age students must provide photographic identification which proves their identity:</p> <ul style="list-style-type: none"> • current driver's licence; or • adult proof of age card; or • current passport. 	

APPLICATION DETAILS

Has the prospective student ever attended a Queensland state school?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
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FAMILY DETAILS

Parents/carers	Parent/carer 1	Parent/carer 2
Family name*		
Given names*		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to prospective student*		
Is the parent/carer an emergency contact?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> (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')	<input type="checkbox"/> (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)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent/carer an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent/carer a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does parent/carer receive correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does parent/carer receive SMS messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 school education	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-school education	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 _____
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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: ____ / ____ / ____ EQI receipt number: _____
<input type="checkbox"/> Temporary visa holder	Complete passport and visa details section below. Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI
<input type="checkbox"/> Other, please specify _____	

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*

<p>From Year 1, the prospective student may participate in religious instruction if it is available.</p> <p>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.</p> <p>Parents/carers may change these arrangements at any time by notifying the principal in writing.</p>	<p>Do you want the prospective student to participate in religious instruction?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If 'Yes', please nominate the religion:</p>

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

Student Support Services*

Does your child currently have a disability/medical condition recognised under the NCCD? If yes, what is their diagnosis? _____ <i>Eg: ADHD/ASD/Anxiety, Hearing Impaired, Vision Impaired, Physical Impairment, Language Disorder, Speech Language Impairment</i> Please provide current reports if available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take any Medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child currently have a Personalised Learning Plan (PLP) or Individual Learning Plan (ILO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child currently have a Individual Learning Plan (ICP)?	<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	_____

Family Court Orders*

Are there any current orders made pursuant to the <i>Family Law Act 1975</i> concerning the welfare, safety or parenting arrangements of the prospective student?	<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.	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?	<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.	Commencement date	___ / ___ / ___
	End date	___ / ___ / ___

APPLICATION TO ENROL*

I hereby apply to enrol my child or myself at Vienna Woods State School _____.

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 <input type="checkbox"/> in 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					
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	

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Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or <i>diabetes management plan</i> or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

- 1) Complete Section A (page 2).
- 2) Provide the school with the medication in the original container with intact packaging.
- 3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- 4) Make an appointment with the principal/delegate if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

- 1) Complete Section A (page 2) and Section B (page 3). **Uncontrolled copy.** Refer to the Department of Education Policy and Procedure Register at <http://ppr.qed.qld.gov.au> to ensure you have the most current version of this document.

Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Complete the details below:

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		Date of birth	
Parent/carer name		Phone number	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	
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I confirm that the medication provided to the school (as listed above):

- is medically authorised (e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)
- is in the original dispensed container with intact packaging
- has the student's and doctor's names on the pharmacy label (if there is no other written evidence of medical authorisation)
- is current/in-date (The expiry date of the medication is __/__/____).

The medication is required:		If Yes to any questions, complete the following:
(a) routinely (e.g. 11am every day)	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇔	Administer at __: __ am/pm on the following days: (circle the day/s required) Monday Tuesday Wednesday Thursday Friday
(b) for a short time only (e.g. only for 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇔	Start date: __/__/____ End date: __/__/____
(c) to manage a health condition by following a current action plan or health plan	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇔	Is the medication for: <input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe)
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes ⇔	<input type="checkbox"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication? Yes No

If Yes, describe: _____

Parent/carer/student signature		Date	
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If the student is to self-administer this medication, also complete **Section B**

NOTE: Controlled drugs cannot be self-administered.

Section B: Details for student self-administration of medication:			
<i>In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.</i>			
Student name		Date of birth	
<ul style="list-style-type: none"> • I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times. • I confirm that the student can store their medication securely. • I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student. 			
Health condition			
<input type="checkbox"/> Asthma - secondary school students only	<input type="checkbox"/> I approve for the student to self-administer their asthma medication. NOTE: The school will need a copy of the student's <i>Asthma Action Plan</i> if it varies from the standard asthma first aid response		
Health condition	I seek approval from the principal/delegate for the student to self-administer:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> their asthma medication (<i>following a current action plan/health plan</i>)		
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> their adrenaline auto-injector (<i>following a current action plan/health plan</i>)		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
<input type="checkbox"/> Other _____	<input type="checkbox"/> their medication (<i>following a current health plan</i>)		
Parent/carers/student signature		Date	



Explanation regarding Media Consent

Dear Parent/Carer,

Please Note for school photos full name will be used unless a 'Limitation of Consent' is given in Section 5 on the Media Consent form.

The class photo is only used as follows:

- Sold to the families of the student in their class.
- Only digitally used at the end of year major events such as Year 6 Graduation or Curriculum videos shown within the school.
- Individual photos are uploaded to Education Queensland's OneSchool program to assist staff with identification of students – this is fully encrypted and can only be accessed by school staff.

Please note:

Class photos are never used on the school's various social media platforms without obtaining individual consent.

The school will never publish a student's photo and full name on social media or public publications without the expressed permission of a guardian.

Publications on the school's various Social Media platforms will never have full names attached to photos unless the article is about the incredible achievements of a particular student and even then, full consent of both the guardian and the student will be obtained.



Vienna Woods State School

12 Heffernan Road

Alexandra Hills 4161

PH: 07 3820 0777

Email: info@viennawoodsss.eq.edu.au

Principal Simone Ivey

Dear Parents and Carers

Introduction to the State School Consent Form for Vienna Woods State School.

This letter is to inform you about 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* (Qld) 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: www.viennawoodsss.eq.edu.au
- Facebook: www.facebook.com/ViennaWoodsSS
- 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 the office.

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

****Please Note for school photos full name will be used unless a 'Limitation of Consent' is given in Section 5 on the Media Consent form.**

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.

* For school photos Full Name will be used unless a limitation is given in Section 5 below.

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:

- Video or image Sound recording ▶Artistic work ▶Written work
- 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 and school photographs;
 - promotional/advertising materials; and
 - presentations and displays.

4 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: duration of enrolment

5 LIMITATION OF CONSENT

The Individual and/or parent wishes to limit consent in the following way:

6 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 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 instance.





Enrolment Agreement – Vienna Woods State School

This enrolment agreement sets out the responsibilities of the student, parents or carers and the school staff about the education of students enrolled at Vienna Woods State School.

Responsibility of student to:

- attend school regularly, on time, ready to learn and take part in school activities
- act at all times with respect and show tolerance towards other students and staff
- work hard and comply with requests or directions from the teacher and principal
- abide by school rules, meet homework requirements and wear school's uniform
- respect the school environment
- adhere to school uniform policy

Responsibility of parents to:

- attend open evenings for parents
- let the school know if there are any problems that may affect your child's ability to learn
- inform school of reason for any absence
- treat school staff with respect and tolerance
- support the authority and discipline of the school enabling your child to achieve maturity, self discipline and self control
- abide by school's policy regarding access to school grounds before, during and after school hours
- advise Principal if your child is in the care of the state or you are the carer of a child in the care of the state
- inform school if your child's living arrangements change and provide details of new home address and phone number
- support school uniform policy

Responsibility of school to:

- develop each individual student's talent as fully as possible
- inform parents and carers regularly about how their children are progressing
- inform students, parents and carers about what the teachers aim to teach the students each term
- teach effectively and to set the highest standards in work and behaviour
- take reasonable steps to ensure the safety, happiness and self-confidence of all students
- be open and welcoming at all reasonable times and offer opportunities for parents and carers to become involved in the school community
- clearly articulate the school's expectations regarding the responsible behaviour plan for students and the school's dress code policy
- ensure that parents and carers are aware of the school's insurance arrangements and accident cover for students
- advise parents and carers of extra-curricular activities operating at the school in which their child may become involved, for example, Program of Chaplaincy Services; religious instruction
- ensure that the parent is aware of the school's record-keeping policy including the creation of a transfer note should the student enrol at another school
- set, mark and monitor homework regularly in keeping with the school's homework policy
- contact parents and carers as soon as is possible if the school is concerned about the child's school work, behaviour, attendance or punctuality
- deal with complaints in an open, fair and transparent manner
- consult parents on any major issues affecting students
- treat students and parents with respect and tolerance.

Vienna Woods State School – Anti Bullying Compact

We agree to work together to improve the quality of relationships in our community at Vienna Woods State 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 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.

I accept the rules and regulations of the Vienna Woods State School as stated in the school policies that have been provided to me as follows:

- Responsible Behaviour Plan for Students
- Student Dress
- Homework Policy
- School Charges and voluntary contributions
- Student usage of internet, intranet and extranet
- Absences
- School Excursions
- Complaints management
- Parent Notice for Religious Instruction in School Hours Consent to use Copyright Material, Image, Recording or Name
- Appropriate Use of Mobile Telephones and other Electronic Equipment by Students
- Vienna Woods State School Anti-Bullying Compact

I acknowledge that information about the school's current programs and services has been explained to me.

Student Signature

Parent/Carer Signature:

On behalf of Vienna Woods State School

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.....

.....

.....
.....



07 3820 0777



enrolments@viennawoodsss.eq.edu.au



12 Heffernan Road, Alexandra Hills