



ROMA STATE COLLEGE

APPLICATION FOR STUDENT ENROLMENT FORM

EDUCATION (GENERAL PROVISIONS) ACT 2006 SECTION 155 (1)

Student's Family Name: _____

Given Names: _____

Year Level: _____

Has the student previously attended Roma State College? YES / NO

OTHER CHILDREN IN THE FAMILY CURRENTLY ENROLLED AT THIS SCHOOL				
Name	Gender (M/F)	Year Level	Date of Birth	Sport House

FAMILY DETAILS		
Names of adults with whom this student lives	Parent/Caregiver 1	Parent/Caregiver 2
Family Name		
Given Names		
Title e.g. Mr/ Mrs/ Ms/ Dr		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to student		
Occupation		
This question is optional	<input type="checkbox"/>	<input type="checkbox"/>
What is your occupation group?	Refer to the previous page for the list of Parental Occupation Groups	Refer to the previous page for the list of Parental Occupation Groups
Please select the appropriate Parental Occupation Group from the list. If the person is not currently in paid work but has held a job in the last 2 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the box above.		
Work Location		
Work Mobile		
Work Mobile		
Home Phone		
Home Mobile		
E-Mail		
Cultural Background		
Country of Birth		
Needs Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

This question is optional:

What is the highest year of primary or secondary school the parents/caregivers have completed?
(for persons who have never attended school, mark 'Year 9 or equivalent or below')

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

This question is optional:

What is the highest qualification the parent/caregivers have completed?

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

Custody Details:

Is this child in the care of the Department of Child Safety? Yes / No

Are there any limitations on contact between the student and a parent or another person? Yes / No

If yes, attach a copy of current Court Order or registered parenting plan that contains the limitations.

Previous Learning Support Details:

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Other Family Information:

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STUDENT AND PARENT/CAREGIVER LANGUAGE DETAILS

This question is optional:

Does the student or their parent/caregiver 1 or their parent/caregiver 2 speak a language other than English at home?

Student	Parent/Caregiver 1	Parent/Caregiver 2
<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, Other – Please specify
If the student speaks more than one language other than English at home, indicate the additional languages that are spoken and the percentage spoken in this section only		%
		%

STUDENT DEMOGRAPHIC DETAILS

Family Name			
Given Names			
Preferred Name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	____/____/____
Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		If Applicable: Student Mobile Number: _____ Student Home Email: _____	
Year Level		Date Commencing School ____/____/____	
In which country was the student born?			
Australia		Other (please specify)	
Cultural background			
Religion (Response optional)			
Is the student an Australian Citizen, Permanent Resident or holding an International Visa?			
<input type="checkbox"/> Australian Citizen/Permanent Resident		International Student – Date Of Arrival ____/____/____	

STUDENT ORIGIN DETAILS

Origin	Queensland / Interstate / Overseas		
Sector	Prep / Primary / Secondary / VET / University / Other	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Previous School/ Other Location		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Previously Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

ADDRESS DETAILS

HOME ADDRESS			
Mailing Title			
Address Line 1			
Address Line 2			
Suburb/Town	State	Postcode	
MAILING ADDRESS - Parent/ Caregiver 1			
Mailing Title			
Address Line 1			
Address Line 2			
Suburb/Town	State	Postcode	
MAILING ADDRESS - Parent/ Caregiver 2 if different from above			
Mailing Title			
Address Line 1			
Address Line 2			
Suburb/Town	State	Postcode	

EMERGENCY CONTACT DETAILS(Parents/ caregivers are automatically the 1st and 2nd emergency contacts unless otherwise stated)

	Emergency Contact 3	Emergency Contact 4
Name		
Relationship e.g. Aunt		
Home Phone		
Work Phone		
Home Mobile		
Work Mobile		
Other		

MEDICAL INFORMATION

Doctor's Name:		Doctor's Phone No:	
Doctor's Address:		Postcode:	
Medicare No:			
SEVERE CONDITIONS	Yes (Y) / No (N)	SYMPTOMS & TREATMENT (including details of any medication)	
Severe asthma (requiring hospitalization)			
Epilepsy			
Severe allergies that result in anaphylaxis			
Sugar Diabetes			
OTHER CONDITIONS	Yes (Y) / No (N)	SYMPTOMS & TREATMENT (including details of any medication)	
Respiratory Problems			
Drug Allergies			
Other Allergies			
Heart Condition			
Blood Pressure			
Recent Serious Injuries			
Recent Operations			
Other (please specify)			
In emergency send to:	Public <input type="checkbox"/> Private Hospital <input type="checkbox"/>		

If your student has a severe medical condition, please complete an 'Individual Health Management Plan' proforma available from the school office. If your student requires prescribed medication to be administered while he/she is at school, please complete the 'Administration of Medication' form available from the school office and supply the medication in the original package showing the doctor's prescribed dosage.

TRAVEL INFORMATIONTransport to School: BUS BIKE CAR WALK OTHER _____

Time of arrival at school? _____ am Time of departure from school? _____ pm

VISA DETAILS

(if applicable) Receipt of Payment or Exemption Letter is required to be provided for enrolment to proceed

Passport Number		Passport Expiry Date	____ / ____ / ____
Visa Number		Visa Expiry Date	____ / ____ / ____
Visa Sub Class		Visa Fees Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt



ROMA STATE COLLEGE FORMAL ENROLMENT AGREEMENT

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

Student

It is the responsibility of the 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 and study requirements and expectations.
- wear school's uniform correctly and fully.
- respect the school environment.
- follow the guidelines on the understanding that access to the computer network and/or the internet can be removed for breaches of this policy, and that additional disciplinary action could be necessary including, in some cases, withdrawal from a computer subject.

Parent

Responsibility of parents/carers 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/Head of Campus 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
- give at least two (2) days notice to the school should my child transfer from or leave the school. I understand that I must have a clearance form signed by the Head of Campus, and pay all outstanding subject fees and contributions to the Resource and Materials Scheme before a transfer will be issued.

School

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.

I accept the **rules and regulations of the Roma State College** as stated in the school policies that have been provided to me as follows:

- Responsible Behaviour Plan for Students
- Student Dress Code
- Homework Policy / Assignment 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
- Parent / Guardian Consent form for Voluntary Student Participation in Program of Chaplaincy Services
- Department insurance arrangements and accident cover for students
- Consent to use Copyright Material, Image, Recording or Name
- Appropriate Use of Mobile Telephones and other Electronic Equipment by Students

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

• I understand that the **Internet and computer applications** can provide students with valuable learning experiences. I also understand that it gives access to information on computers around the world; that the school cannot control what is on those computers; and that a very small part of that information can be illegal, dangerous and 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. I believe my son/daughter understands this responsibility and I hereby give my permission for him/her to access the Network and Internet according to the school rules expressed in the Computer Network and Internet Guidelines for the duration of his/her enrolment. I understand that students breaking these rules will be subject to appropriate action by the school. This may include loss of computer and Internet access for some time, further disciplinary action and, in some circumstances, withdrawal from a computer subject .

Permission No Permission

• I hereby give consent for Roma State College to **use and retain my student's name, image, sound or other recording; and Copyright material (individual work)** for the duration of his/her enrolment for the following purposes:

- ◊ Assessment of student and other purposes associated with the provision of education;
- ◊ Public relations, promotion, advertising, media and commercial activities; and
- ◊ Use by the media in relation to activities that show my student in a positive light e.g. drama and musical performances, sports and prize giving.

Permission No Permission

• I hereby give permission for my student for the duration of his/her enrolment to take part in any **walking excursions for curriculum-based activities** in the immediate school area and any curriculum-based excursions in the local area that are conducted by school personnel. I understand that my specific approval will be sought for other school trips.

Permission No Permission

• I authorise the teacher in charge of the excursion to **obtain medical attention** for my student at their discretion in the event of an injury unless I have advised the school in writing not to do so.

Permission No Permission

Student Signature: _____

Parent/Carer Signature: _____

On behalf of Roma State College: _____

Dated: _____

ONLY COMPLETE FORM C (1) or C (2) – NOT BOTH

RIS FORM C (1) Parent Notice for Religious Instruction in School Hours

As at 01/09/2008, the religious instruction programs provided at this school by approved instructors of faith groups who visit the school are:

Title of Program Delivered at School & authorised by Relevant Faith Group/s.	Single or Cooperative Arrangement for Delivering Program
Roma State College	Cooperative: Anglican Church, Assembly of God, Lutheran Church, Uniting Church of Australia, Catholic Church, Church of Christ, Christian Outreach Centre, Presbyterian Church, Seventh Day Adventist. Church

If you HAVE nominated your child's religion on their enrolment form ...

he/she will be allocated to participate in the Cooperative Program Religious Instruction during class time. If you would like more information about this program you can find this on our school website or you can contact the Religious Instruction Coordinator, on telephone 4620 1333.

If you wish to change the religious instruction program your child is to receive, please complete this form:

Non-member of faith group/s providing religious instruction (religion nominated at enrolment)
Although not a member of the participating faith group/s, I wish my child to attend the religious cooperative instruction program.

Signature of Parent _____ Date: ____ / ____ / ____

If you wish to withdraw your child from their allocated religious instruction class please complete this form:

Non-member of faith group/s providing religious instruction (religion nominated at enrolment)
I do not wish my child to attend any of the programs provided by faith groups at the school

Signature of Parent _____ Date: ____ / ____ / ____

RIS FORM C (2) Parent Notice for Religious Instruction in School Hours

If you HAVE NOT nominated your child's religion on their enrolment form ...

Your child will not be allocated to participate in religious instruction during class time. Above is a list of religious instruction programs being provided at this school. These programs are delivered under a cooperative arrangement. If you would like more information about any of these programs you can find this on our school website or you can contact the Chaplain, Religious Instruction Coordinator, on telephone 4620 1333.

If you wish your child to be allocated to a religious instruction class, please complete this form:

Religious Instruction (religion not nominated at enrolment)
I wish my child to attend the Cooperative religious instruction program offered at Roma State College.

Signature of Parent _____ Date: ____ / ____ / ____

Voluntary Student Participation in Program of Chaplaincy Services

These activities are available to all students who may voluntarily participate unless a parent or guardian requests in writing that this is not to occur for their child/ren.

The local community of this school provides a program of chaplaincy services which is available to all students. Chaplaincy services are an additional program in the school which operates with the endorsement of the school's Parents and Citizens Association. The chaplain is involved in the following activities which happen at this school:

Voluntary Student Activities Free of Religious, Spiritual and/or Ethical Content	Voluntary Student Activities With Religious, Spiritual and/or Ethical Content
<ul style="list-style-type: none"> • Excursion/camp support: Chaplain assists other staff when students have excursions & camps off school campus – e.g. Breakfast Club, Year level camps. • Lunch time sport & activities: Work with other school staff & volunteers in providing organised sports & activities at lunchtime on the school oval. • Coaching school sporting teams. • Social / life skills program – assisting Special Education Unit (SEU) staff in delivering this to students they have identified needing such support during school hours • Self esteem programs 	Religious Instruction follow up <ul style="list-style-type: none"> • Scripture Union camping program • Pastoral care, Bible studies and prayer • Support programs e.g. Strength, Shine, etc
<p>My child has my consent to participate on a voluntary basis in activities within the program of chaplaincy services with religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.</p>	
<p>Signature of Parent _____ Date: ____ / ____ / ____</p>	
<p>My child has my consent to participate on a voluntary basis in activities within the program of chaplaincy services which are free of religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.</p>	
<p>Signature of Parent _____ Date: ____ / ____ / ____</p>	

PRIVACY STATEMENT

The Department of Education, Training and the Arts (DETA) is collecting the information on this form for the purposes outlined in the Education (General Provisions) Act 2006 (EGPA 2006) and in particular for:

- i. assessing whether your application for enrolment should be approved;
- ii. administering and planning for providing appropriate education, training and support services to students;
- iii. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff; and
- iv. communicating with student and parents.

This collection is authorised by ss 155, 428 and 433 of the EGPA 2006. DETA will disclose personal information from this form to the Queensland Studies Authority (QSA) when opening student accounts, in compliance with ss. 253 and 254 of the EGPA 2006. 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 from optional questions is supplied to the Commonwealth Department of Education, Science and Training in compliance with Commonwealth/State funding agreements.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law and otherwise in accordance with Information Standard 42 – Information Privacy (http://www.governmentict.qld.gov.au/02_infostand/standards/is42.pdf). 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 enrolling school in the first instance.

OFFICE USE ONLY

ENROLMENT DETAILS

Student ID:		Date Enrolled:	
Year Level:		Roll Class:	
House:		Campus:	
Form:		Mature Age Check:	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> U

ESL		Repeating		Handouts	
Geographically Isolated		Learning Difficulty		Special Education Program	
Gifted and Talented		Medical Condition		Guidance File	
Birth Certificate Sighted		% Fee		Custody Order	
Permanent Resident		Cultural Link		O/S Full Fee	
Abstudy		RaMS		Continuing	
Textbook Allowance (TRA)		% Language			

Permissions

Internet Media Swimming Computer/Internet Other

Parent Notice for Religious Instruction in School Hours

- Retain original and provide a copy of notice to the parent/guardian.
- Inform parents or guardians that prior to commencement of any additional activities with religious, spiritual and/or ethical content in the school they will be advised through the school newsletter and website.

OTHER INFORMATION

DESTINATION DETAILS FROM EXIT INTERVIEW

Destination:	Qld <input type="checkbox"/> Interstate <input type="checkbox"/> Overseas <input type="checkbox"/>	Date Left: ____ / ____ / ____
Destination School / Other Location:		
Sector:	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> VET <input type="checkbox"/> University <input type="checkbox"/> Other <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Employment:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for Leaving:		

LIST OF PARENTAL OCCUPATION GROUPS

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising

specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight /transport /shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff.

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]