Application to register – student in a state school operated residential boarding facility

**INFORMATION**

This form will be used in conjunction with the [Application for student enrolment form](https://ppr.qed.qld.gov.au/attachment/application-for-student-enrolment-form.pdf) and is to be completed by parent/carer applying to register their child at the residential boarding facility.

Entitlement to register at the state school operated residential boarding facility is based on enrolment at the state school which operates the residential boarding facility.

A student wishing to board at a state school operated residential boarding facility may already be enrolled at another state school before making application to register for boarding. In this case, once an Application for student enrolment has been made to the state school which operates the residential boarding facility, relevant information can be accessed from the previous school’s information system, OneSchool, and updated to enrol the student at the state school which operates the residential boarding facility. Where a student wishing to board at a state school operated residential boarding facility is not enrolled in a state school, then an Application for student enrolment form must be completed to enrol the student at the state school which operates the residential boarding facility and a new OneSchool account will be opened for the student.

While details of the student will be extracted from OneSchool, it is important that this information is available to the residential boarding facility to support the safety and wellbeing of the student and is kept up-to-date. The residential boarding facility will keep a copy of this form and information from OneSchool in a secure location within the facility.

The principal (or delegate) of the state school is the decision maker of this Application to register. The submission of this Application to register does not constitute an approval or acceptance of registration at the residential boarding facility.

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. Sections of the form not marked with an (\*) are optional. If you have any questions about this form or the registration process or require assistance completing this form (including translation services), please contact the residential boarding facility.

**Name on registration form**

A student must register under their legal name as per their birth certificate. There is provision to also record a child’s preferred family and given name. The preferred name may be used on internal residential boarding facility documents such as attendance rolls (note, if parents/carers cannot agree on the use of the preferred name, then the legal name is to be used until an agreement can be reached or there is a court or custody order in place which determine the name to be used).

**Medical information**

A student’s medical condition, symptoms, management and permission to administer medication/s must be documented. Please include any medical condition that the residential boarding facility staff should be aware of during the time when the student is at the facility. If a student’s parent/carer cannot be contacted in the event of a medical emergency affecting the student, the residential boarding facility will contact the ‘emergency contacts’ listed on the student’s enrolment form.

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| **PRIVACY STATEMENT**  The Department of Education (DoE) is collecting the information on this form for the purposes of:   1. assessing whether your application for registration should be approved 2. meeting reporting obligations required by law or under Federal – State Government funding arrangements and/or operation requirements 3. administering and planning for providing appropriate education and support services to students 4. assisting departmental staff to maintain the good order and management of schools/residential boarding facility, and to fulfil their duty of care to all students and staff 5. addressing medical needs of students 6. communicating with students and parents/carers.   Personal information collected on this form may 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 your child’s residential boarding facility 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 your child’s residential boarding facility in the first instance. |

**OFFICE USE**

This section is to be completed by the residential boarding facility and will assist in documenting specific details in relation to a student’s registration:

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| **For completion by residential boarding facility after all details have been completed by parent/carer** | | | | | |
| **Student name (as shown on Enrolment form)** | |  | | | **Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_** |
| **Parent/carer name and contact details** | |  | | | |
| **Student enrolled at this school** | | **Yes. If Yes, insert EQ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and print student’s enrolment details.**  **No If No, school and parent to complete Application for student enrolment.** | | | |
| **Date registered at boarding facility** | | **/ /** | | **Additional notes:** | |
| **Residential Fees paid** | | **Yes in accordance with residential fees payment plan agreement.**  **No** | | | |
| **Allocated room at residential boarding facility (include when known)** |  | | **Medical conditions**  **Yes (refer to detailed information in Student Medical Information section)  No**  **Known allergies**  **Yes (refer to detailed information Student Medical Information section)  No**  **Copy of Immunisation History Statement attached  Yes  No** | | |

**For completion by parent/carer**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT DEMOGRAPHIC DETAILS** | | | |
| **Legal family name\* (as per birth certificate)** |  | | |
| **Legal given names\* (as per birth certificate)** |  | | |
| **Preferred family name** |  | **Preferred given names** |  |
| **Sex\*** | **Male  Female** | **Date of birth\*** | **/ /** |

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| --- | --- | --- | --- | --- | --- |
| **STUDENT ADDRESS DETAILS\*** | | | | | |
| **Home address** | | | | | |
| **Address line 1** |  | | | | |
| **Address line 2** |  | | | | |
| **Suburb/town** |  | **State** |  | **Postcode** |  |

| **STUDENT FAMILY DETAILS** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parents/carers** | **Parent/carer 1** | | | **Parent/carer 2** | | | |
| **Family name\*** |  | | |  | | | |
| **Given names\*** |  | | |  | | | |
| **Title** | **Mr  Mrs  Ms  Miss  Dr** | | | **Mr  Mrs  Ms  Miss  Dr** | | | |
| **Sex\*** | **Male  Female** | | | **Male  Female** | | | |
| **Relationship to student\*** |  | | |  | | | |
| **Is the parent/carer an emergency contact?\*** | **Yes  No** | | | **Yes  No** | | | |
| **1st Phone contact number\*** | **Work/home/mobile** | | | **Work/home/mobile** | | | |
| **2nd Phone contact number\*** | **Work/home/mobile** | | | **Work/home/mobile** | | | |
| **3rd Phone contact number\*** | **Work/home/mobile** | | | **Work/home/mobile** | | | |
| **Email\*** |  | | |  | | | |
| **Address\* (if it is the same as student’s home address, write 'AS ABOVE')** | | | | | | | |
| **Address line 1** |  | | |  | | | |
| **Address line 2** |  | | |  | | | |
| **Suburb/town** |  | | |  | | | |
| **State** |  | **Postcode** |  |  | | **Postcode** |  |
| **Mailing address\* (if it is the same as student’s home address, write 'AS ABOVE')** | | | | | | | |
| **Address line 1** |  | | |  | | | |
| **Address line 2** |  | | |  | | | |
| **Suburb/town** |  | | |  | | | |
| **State** |  | **Postcode** |  |  | **Postcode** | |  |

| **EMERGENCY CONTACT DETAILS** (Other emergency contact details if parents/carers are not emergency contacts or cannot be contacted)\* | | |
| --- | --- | --- |
|  | **Emergency contact** | **Emergency contact** |
| **Name** |  |  |
| **Relationship** (e.g. aunt) |  |  |
| **1st phone contact number\*** | Work/home/mobile | Work/home/mobile |
| **2nd phone contact number\*** | Work/home/mobile | Work/home/mobile |
| **3rd phone contact number\*** | Work/home/mobile | Work/home/mobile |
| **Email\*** |  |  |

| **For completion by parent/carer**  **STUDENT MEDICAL INFORMATION** (including allergies)\* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **It is essential that you advise the residential boarding facility before your child's first day of boarding if he or she has any medical conditions. You must also inform the residential boarding facility as soon as you are aware of any newly diagnosed medical conditions or a change to medical conditions, and/or medications.**  **Should your child need to take medication during their stay at the residential boarding facility, an Administration of medication at a residential boarding facility record sheet, and/or an Individual Health Plan, including Emergency Health Plan if relevant, (see the *Managing students’ health support needs at school* and *Supporting students with asthma and/or at risk of anaphylaxis at school* procedures) are to be completed each year or when required and kept on file.** | | | | | | | |
| **No known medical conditions** | |  | | | | | |
| **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 student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)?** This is for the purpose of informing planning for residential boarding facility activities such as sport and other outdoor activities. | | **No  Yes, please specify** | | | | | |
| **Name of student's medical practitioner or health service** | |  | | | **Contact number of medical practitioner or health service** | |  |
| **I** **authorise staff of the residential boarding facility to contact my child’s medical practitioner or health service for the purposes of seeking advice in cases where an immediate but non-life threatening response is required?** (answer only if medical practitioner or health service details have been provided above) | | | | | | | **Yes  No** |
| **I authorise staff of the residential boarding facility to provide consent to allow urgent medical and dental treatment for the student in case of emergency if I cannot be contacted.** | | | | | | | **Yes  No** |
| **Medicare card number** |  | | **Position number on Medicare Card** | | | |  |
| **Cardholder name** (if not in name of student) |  | | | | | | |
| **Private health insurance company name (if covered)** (optional) |  | | | **Private health insurance membership number** (leave blank if company name is not provided) | |  | |

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| **Additional medical information – Immunisation**  **To support the residential boarding facility to plan and manage potential outbreaks of contagious conditions, the immunisation status of your child is requested.** | |
| **Is your child’s immunisation status up-to-date?** | **Yes  No** |
| **A copy of your child’s Immunisation History Statement (IHS) is required. Please attach a copy.** | **Yes, copy provided  No** |

| **DECLARATION AND ACKNOWLEDGEMENT \*** | | |
| --- | --- | --- |
| **I hereby apply to register my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of residential boarding facility).**  **By signing this form (below) I acknowledge and agree that:**   * **I have read and understood the Residential Handbook, the Registration Agreement for the residential boarding facility** **and all other information the residential boarding facility has provided to me in relation to this Application to register at the residential boarding facility.** * **I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve registration. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.** * **This Application to register cannot be assessed and processed unless all those sections on the form marked with an (\*) have been completed and I have provided all required documentation.** * **I will contact the residential boarding facility and provide updated information if there is a change to any of the information on this form.** * **I am aware that the Department of Education does not have personal accident insurance cover for students.** * **I accept liability for all costs incurred by the Department of Education in obtaining medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education the full amount of those costs.** * **The submission of this Application to register does not constitute an approval or acceptance of registration at the residential boarding facility.**   **I acknowledge that if this Application to register is approved, I will be required to sign the Registration Agreement for the residential boarding facility** **as acceptance of my child’s registration at the residential boarding facility.** | | |
|  | **Parent/carer 1** | **Parent/carer 2** |
| **Signature** |  |  |
| **Date** | **/ /** | **/ /** |

**State schools** **standardised medical condition category list**

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| Acquired brain injury |
| Allergies/sensitivities |
| Anaphylaxis |
| Airway/lung/breathing - Oxygen required (continuously/periodically) |
| Airway/lung/breathing - Suctioning |
| Airway/lung/breathing - Tracheostomy |
| Airway/lung/breathing - Other |
| Artificial feeding - Gastrostomy device (tube or button) |
| Artificial feeding - Nasogastric tube |
| Artificial feeding - Jejunostomy tube |
| Artificial feeding - Other |
| Asthma |
| Asthma – student self-administers medication |
| Attention-deficit /Hyperactivity disorder (ADHD) |
| Autism Spectrum Disorder (ASD) |
| Bladder and bowel - Urinary wetting, incontinence |
| Bladder and bowel - Faecal soiling, constipation, incontinence |
| Bladder and bowel - Catheterisation (continuous, clean intermittent) |
| Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair |
| Bladder and bowel - Other |
| Blood disorders - Haemophilia |
| Blood disorders - Thalassaemia |
| Blood disorders - Other |
| Cancer/oncology |
| Coeliac disease |
| Cystic Fibrosis |
| Diabetes - type one |
| Diabetes - type two |
| Ear/hearing disorders - Otitis Media (middle ear infection) |
| Ear/hearing disorders - Hearing loss |
| Ear/hearing disorders - Other |
| Epilepsy - Seizure |
| Eye/vision disorders |
| Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid |
| Heart/cardiac conditions - Heart valve disorders |
| Heart/cardiac conditions - Heart genetic malformations |
| Heart/cardiac conditions - other |
| Mental Health - Depression |
| Mental Health - Anxiety |
| Mental Health - Oppositional defiant disorder |
| Mental Health - Other |
| Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump) |
| Muscle/bone/musculoskeletal disorders - Other |
| Skin Disorders - eczema |
| Skin Disorders - psoriasis |
| Swallowing/dysphagia - requiring modified foods |
| Swallowing/dysphagia - requiring artificial feeding |
| Transfer & positioning difficulties |
| Travel/motion sickness |
| Other |