

STATE SPECIAL SCHOOL ENROLMENT PARENT CONSENT AND INFORMATION FORM

(complete with Application for student enrolment form)

Privacy statement

The Department of Education (the department) is collecting personal information in accordance with Chapter 8, Part 1, Division 3 of the Education (General Provisions) Act 2006 (Qld) (the Act) to enable the chief executive of the department (or delegate) to determine whether the prospective student is eligible to be enrolled in a state special school. Any personal information collected may be accessed by authorised departmental employees including school staff. The personal information collected will not be disclosed to any other person or agency unless you have given the department permission, or the department is required or authorised by law to disclose the personal information.

Your information will be stored securely. If you wish to access or correct any of the personal information on this form, or discuss how the personal information has been used, please contact your child's current state school or proposed state special 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 department's regional office in the first instance.

About this form

If your child is currently enrolled in a Queensland state special school you do not need to complete this form. Please complete the <u>Application for student enrolment</u> form only.

To make a decision about whether to approve your application to enrol your child in a state special school, the department needs information about your child's disability and the supports they need to access and participate in education. This form provides your consent for the department to obtain information from organisations and people you nominate on this form who provide supports to your child.

It also enables you to provide any information you have about your child's disability as well as educational and other needs. You can provide reports and other information you already have from doctors, National Disability Insurance Scheme providers, your child's kindergarten or Early Childhood Development Program (ECDP). You do not need to get more reports or information.

Please note: In order to consider your application the department will need you to provide both the completed *Application* for student enrolment form and this form.

Enrolment requirements for state special schools

All of the following requirements (as required by section 166(1) of the Act) must be met for enrolment in a state special school:

- 1. Your child meets all requirements set out in the <u>Special school eligibility ("person with a disability" criteria) policy</u> as follows:
 - a. they have a disability as defined by the Disability Discrimination Act 1992 (Cwlth);
 - b. they have a severe disability, which includes an intellectual disability;
 - c. they are unlikely to attain the levels of development of which they are capable unless they receive special education; and
 - d. their educational program is best delivered in a special school taking into account the appropriateness of this placement for them.
- 2. The state special school can cater for their educational needs.

More information about Queensland state special schools is available at: https://education.qld.gov.au/students/students-with-disability/enrolment-criteria.

Prospective student's	detail	S									
Surname:				Given names:							
(as per birth certificate)				(as per birth certificate)		cate)					
Sex:					Date of birth:						
Current home address	::										
Currently enrolled in a school		☐ Yes Current school						Curr			
		□No		(if applicable)					yea	level:	
Registered at an Early Childhood Development Program (ECDP)		☐ Yes		Name of ECD	P				•		
		□ No									
Prospective student's	family	details									
Parents(s) (as defined under section 10 of the Act)		Parent 1					Parent 2				
Surname											
Given names											
Title				⁄Irs □ Ms	□ M	liss 🗆 Dr	□ Mr	□ Mrs □	∃Ms	☐ Miss	□ Dr
Relationship to studen	t										
Is the parent/carer an emergency contact?		☐ Yes ☐ No					□ Yes	□No			
Phone contact number	1										
Phone contact number 2											
Email											
Residential address											
Address line 1											
Address line 2											
Suburb/town											
State				Postcode				Postcode	2		
Mailing address (if it is	the sa	me as re	siden	tial address,	write	"AS ABOVE")				
Address line 1											
Address line 2											
Suburb/town											
State				Postcode				Postcode			
Proposed state specia	l schoo	ol details	5								
I have completed an A	pplicat	tion for s	tuder	nt enrolment [.]	for my	, child to en	rol in Clif	ford Park S	pecial	School.	

Parent consent								
For the purpose of assessing eligibility of enro Education to contact the following persons:	olment in	a special school, I į	give consent for the Department of					
☐ Medical specialists	Nam	e:	Contact details:					
☐ Therapists	Nam	e:	Contact details:					
☐ Kindergarten	Nam	e:	Contact details:					
☐ Early Childhood Development Program (ECD	P) _{Nam}	e:	Contact details:					
☐ Other: (Specify here)	Nam	e:	Contact details:					
and for them to provide information they hold c	oncerning	my child's:						
\square disability/ies	\square educati	onal and other suppo	ort needs					
\square specialised health needs	$\hfill\Box$ development and any supports to address developmental delays							
$\hfill\Box$ I also understand that the department, for school, may:	the purpo	se of assessing eligib	pility for enrolment in a state special					
- consider information already held by the department in respect of my child, including a previous Education Adjustment Program (EAP) verification;								
- request additional information from the people and/or organisations listed above about my child; and								
- request that my child be further assessed and/or a request is made for EAP verification with parental consent.								
Signature (only the applicant signature is required)								
Parent signature:		Date:						
Parent signature:		Date:						
Optional section Information about your child to support the app	plication							
The information you provide in this section will help to decide if your child meets the requirements for enrolment in a state special school. You only need to provide information you currently have. There is no need to seek further information.								
You can provide written information under any cand/or attach information such as reports frod disability and educational needs.			• •					
The <u>Parent/carer factsheet – Queensland state</u> out answers to some of the commonly asked queensland enrolment decision-making guidelines considered by the decision-maker and may help	uestions al provide n	oout enrolment in st nore information re	ate special schools. The <u>State special</u>					
You can also ask for help from your current school	ol, propos	ed state special school	ol, ECDP, or regional office.					

What is your child's disability?
You can include reports you already have from your child's doctor, National Disability Insurance Scheme (NDIS) provider, other schools, Early Childhood Development Programs (ECDPs), and any other information.
provider, other schools, Early emichiood bevelopment rograms (Lebrs), and any other miormation.
How does your child's disability impact on their education?
You can include information related to your child's educational needs, health needs, social and emotional needs, and any other needs.
What supports do you think your child needs at school?
Supports can include support in activities such as reading, making friends, communication, listening, toileting, personal hygiene, and any other information.