

Application to register student in a state school boarding facility

INFORMATION

This form is to be completed by the parent/carer applying to register their child at the boarding facility and submitted to the boarding facility.

Enrolment of the student at the state school which operates the boarding facility entitles the parent/carer to submit an application to register at the boarding facility. If the student is not already enrolled in the state school, please also submit an [Application for student enrolment form](#). A student's application to enrol at the state school and application to register at the boarding facility can be made at the same time.

Submission of this application to register at the boarding facility does not guarantee approval or acceptance of registration at the boarding facility. Enrolment at the state school does not guarantee approval or acceptance of registration at the boarding facility. The principal of the state school is the decision maker of an application to register a student in a boarding facility. Where an application to enrol at the state school is unsuccessful, the application to register at the boarding facility will have the same outcome. The registration decision is not subject to appeal under the *Education (General Provisions) Act 2006 (Qld)*.

Sections of the form marked with an (*) are mandatory. Failure or refusal to complete mandatory sections or to provide required documentary evidence may result in a refusal to process your application to register at the boarding facility. 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 boarding facility.

The information provided on this form will enable the boarding facility to undertake its administrative responsibilities and support the safety and wellbeing of the student. It is important that the boarding facility is advised of any changes to these details. The boarding facility will keep a copy of this form and ensure it is stored in a secure location within the facility.

Name on registration form

A student must register under their legal name as stated on 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 boarding facility documents such as attendance rolls

Medical information

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

PRIVACY STATEMENT

The Department of Education (DoE) is collecting the information on this form for the purposes of:

- i. assessing whether your application to register at the boarding facility should be approved
- ii. meeting reporting obligations required by law or under Federal and/or State Government funding arrangements and/or operation requirements
- iii. administering and planning for providing appropriate education and support services to students
- iv. assisting departmental staff to maintain the good order and management of schools/ boarding facility, and to fulfil their duty of care to all students and staff
- v. addressing medical needs of students
- vi. 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 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 boarding facility in the first instance. Personal information will be managed by DoE in accordance with s426 of the *Education (General Provisions) Act 2006 (Qld)* and the *Information Privacy Act 2009 (Qld)*.

For completion by parent/carer (all fields marked * are mandatory)

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*	____/____/____
Abstudy eligibility	<input type="checkbox"/> Yes, the student is eligible and will claim for the Abstudy Living Away from Home Allowance . (please notify the boarding facility of the outcome of your Abstudy claim)		

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	<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 student*				
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*				
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

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EMERGENCY CONTACT DETAILS (Other emergency contact details if parents/carers cannot be contacted)		
	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
Email*		

STUDENT MEDICAL INFORMATION (including allergies)			
<p>To support the health and wellbeing of your student, it is important that you advise the boarding facility before the student's first day of boarding if they have any medical conditions or need to take medication. This information will be recorded in line with the Department of Education policies and procedures. You must also inform the boarding facility as soon as you are aware of any changes to your student's health including any newly diagnosed medical conditions, changes to existing medical conditions, or changes to medications.</p> <p>Should your student need to take medication during their stay at the 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, will be completed each year or when required and kept on file (see the Managing students' health support needs at school procedure, Supporting students with asthma and/or at risk of anaphylaxis at school procedure and the Administration of medications in schools procedure).</p> <p>If a suspected outbreak of a contagious condition takes place, the facility will follow the requirements of the <i>Public Health Act 2005</i> (Qld) and the <i>Public Health Regulation 2018</i> (Qld), as described in the Management of contagious conditions procedure.</p>			
Does the student have any known medical conditions?*		<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify below*	
Medical condition/s (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 boarding facility activities such as sport and other outdoor activities.		<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
Name of student's medical practitioner or health service*		Contact number of medical practitioner or health service*	
Medicare information*	Card number*:		
	Position on card*:		
	Cardholder name (if not in the name of the student):		
Private health insurance (if covered*)	Insurance company name:		
	Membership number:		

DECLARATION AND ACKNOWLEDGEMENT

I hereby apply to register my child at the boarding facility named below.

By signing this form (below) I acknowledge and agree that:

- I have read and understand the Residential Handbook, the Registration Agreement for the boarding facility and all other information the boarding facility has provided to me in relation to this application to register at the 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 at the boarding facility 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 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 authorise staff of the boarding facility to contact my child's medical practitioner or health service or a local medical practitioner or health service for the purposes of seeking medical advice or treatment.
- I authorise staff of the boarding facility to disclose my child's medical details and conditions, medications and the name and contact details of my child's medical practitioner or health service to a medical practitioner or health service for the purpose of seeking medical advice or treatment.
- I authorise staff of the boarding facility to provide consent to allow urgent medical and dental treatment for the student in case of emergency if the parent/carer cannot be contacted.
- I accept liability for all costs incurred by the Department of Education in obtaining medical and dental 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 at the boarding facility does not constitute an approval or acceptance of registration at the boarding facility or enrolment at the state school operating the boarding facility.

I acknowledge that if this application to register at the boarding facility is approved, I will be required to sign the Registration Agreement for the boarding facility as acceptance of my child's registration at the boarding facility.

Name of student*	
Name of boarding facility*	
Parent/carer 1*	Signature:
	Name:
	Date:
Parent/carer 2	Signature:
	Name:
	Date:

OFFICE USE

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

For completion by 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	<input type="checkbox"/> Yes. If Yes, insert EQ ID: _____ and print student's enrolment details. <input type="checkbox"/> No. If No, school and parent to complete Application for student enrolment.	
Date registered at boarding facility	____ / ____ / ____	Additional notes:
Fees paid	<input type="checkbox"/> Yes in accordance with fees payment plan agreement. <input type="checkbox"/> No	
Medical conditions	<input type="checkbox"/> Yes (refer to detailed information in Student Medical Information section) <input type="checkbox"/> No	
Known allergies	<input type="checkbox"/> Yes (refer to detailed information in Student Medical Information section) <input type="checkbox"/> No	
Health plan	<input type="checkbox"/> Yes (ensure a health plan developed by the student's health professional has been provided) <input type="checkbox"/> No	
Emergency health plan	<input type="checkbox"/> Yes (ensure an emergency health plan developed by the student's health professional has been provided) <input type="checkbox"/> No	

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Allocated room at boarding facility (include when known)	
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State schools standardised medical condition category list

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

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