



## DALBY STATE HIGH SCHOOL

### EXPRESSION OF INTEREST FOR STUDENT ENROLMENT

Please complete a separate form for each student in the family and indicate the number of separate applications: \_\_\_\_\_

Name of Student: \_\_\_\_\_ ( Male  Female) Date of Birth: \_\_\_\_\_

Current / Previous School: \_\_\_\_\_ Applying for Year Level: \_\_\_\_\_ Commencing in \_\_\_\_\_

Parent/Carer 1 Details: (child resides with)	Parent/Carer 2 Details:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Phone #: _____	Phone #: _____
Workplace: _____	Workplace: _____
Work phone: _____	Work phone: _____
Email: _____	Email: _____

Please ensure "Parent/Carer 1" is who the child resides with at their principal place of residence. Until the child has commenced, this parent/carer will receive all correspondence and invoices.

Please provide the details of all other school age residential siblings:				
Sibling Name				
Current School				
Year Level				

Supporting documents required with EOI		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Australian Citizenship Certificate	<input type="checkbox"/> Passport, visa & date of arrival stamp
<input type="checkbox"/> Most recent school report		
<input type="checkbox"/> Most recent NAPLAN report (if your child sat the most recent exam)		
<input type="checkbox"/> Current proof of residency (if applicable) – Including one primary source and one secondary source as per page 2		

Additional Student Information:	
Does the student have specialised learning needs (gifted, talented, learning support) or a disability that should be considered in providing an appropriate education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please share any information about these specialised learning needs _____ _____	

**Office use only – Please do not write in this space**

EOI status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlist	Principal's Signature: _____	
Waitlist Letter sent: ____/____/____	Decline Letter sent: ____/____/____	Enrolment Pack sent: ____/____/____
Comments:		
<input type="checkbox"/> Academic	<input type="checkbox"/> Effort	<input type="checkbox"/> Behaviour <input type="checkbox"/> Attendance

Nicholson Campus: 28 Nicholson Street, (PO Box 608) Dalby Qld 4405 Tel: 07 4669 0900 Fax: 07 4662 5378 [admin@dalbyschools.qld.edu.au](mailto:admin@dalbyschools.qld.edu.au)

Bunya Campus: 463 Bunya Highway, Dalby Qld 4405 Tel: 07 4660 0333 Fax: 07 4662 4032 [admin@dalbyschools.qld.edu.au](mailto:admin@dalbyschools.qld.edu.au)

[www.dalbyschools.qld.edu.au](http://www.dalbyschools.qld.edu.au)

Please complete section 1. If applicable, complete sections 2 and 3 also.

To check if your home address is within our catchment area please consult with the school or visit <http://www.qgso.qld.gov.au/maps/edmap/>

	Catchment	Non – Catchment
1	<p><input type="checkbox"/> The student's principal place of residence is within the catchment area</p> <p>Current proof of residency at the address indicated <u>must</u> be provided by way of one of each of the following:</p> <p><b>One primary source</b> – a current rental/lease agreement, or rates notice, or unconditional contract of sale</p> <p style="text-align: center;"><b>and</b></p> <p><b>One secondary source</b> – a utility bill (e.g. electricity, gas) showing this same address and parent's/legal guardian's name.</p> <p><i>Applicants should note that a false statement/assertion about the student's principal place of residence may amount to an offence and may be reported to police. The school Principal may repeal a decision to enrol a student in such circumstances.</i></p>	<p><input type="checkbox"/> Sibling of a student at time of intended enrolment.</p> <p><input type="checkbox"/> Parent/Carer employed at DSHS</p> <p><input type="checkbox"/> Students who wish to access specialist programs (e.g. Trade / Ag / Instrumental Music / Apollo). In this category, it is essential that the parent/carer provide a written statement that explains the applicant's suitability or level of desire to participate in these particular programs.</p> <p><input type="checkbox"/> Students verified with a disability wanting to attend the specific disability program if it is the closest program to their home and meets their individualized needs.</p> <p><input type="checkbox"/> Children and young people who are subject to child protection orders that grant guardianship or custody to the Chief Executive Officer of the Department of Child Safety.</p> <p><input type="checkbox"/> Remote / regional students who access a School Transport Assistance Scheme bus service, provided by DTMR to travel to their closest school, as determined by the DTMR bus route.</p> <p><input type="checkbox"/> Students boarding at the Bunya Campus.</p> <p><input type="checkbox"/> Students excluded from a school if approved by the Regional Director.</p> <p><input type="checkbox"/> Any remaining students residing outside the catchment area. Please attach a detailed, written statement for consideration.</p>
2	<p><input type="checkbox"/> <b>Specialist Programs</b></p> <p>In this category, it is essential that the student and parent/carer provide a written statement that explains the applicant's suitability or level of desire to participate in these particular programs.</p> <p> <input type="checkbox"/> Ag Professionals (Years 11 – 12)      <input type="checkbox"/> Ag Futures (Years 11 – 12)      <input type="checkbox"/> Trade Futures (Years 11 – 12) </p> <p> <input type="checkbox"/> Apollo Program (Years 7 – 10)      <input type="checkbox"/> Instrumental Music (Years 7 – 12) </p>	
3	<p><input type="checkbox"/> <b>Chronos Program</b></p> <p>Students complete 6 subjects over a 3 year period plus Apollo projects and undergraduate studies in Year 12.</p> <p><b>Entry into the Chronos Project is via a written application, interview, completion of Saylor's Gifted and Talented Checklists and a thorough examination of academic records.</b></p>	

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note that your application will not proceed until we have received all required supporting documents.*