

# PARENT APPLICATION FOR ENROLMENT AT A STATE SPECIAL SCHOOL

## Privacy Statement

The information on this form is being collected in accordance with Chapter 8, Part 1, Division 3 of the Education (General Provisions) Act 2006 (EGPA) to enable the Chief Executive of the Department of Education and Training (DET) (or delegate) to determine whether the prospective student is eligible to be referred to a State special school for enrolment or not. If the prospective student is eligible for referral, an enrolment form at the school will also have to be completed.

Personal information collected on this form may also be used for unrelated purposes or be disclosed to third parties by DET 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 the decision maker 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 decision maker in the first instance.

Part A – Child's details					
Surname:		Given names:			
Gender:		Date of Birth:		Current year level:	
Current home address:					
Current school (if applicable):					
Parent/Carer details					
1. Name:		Contact number:			
2. Name:		Contact number:			
Part B – Information about the Prospective Special School					
I wish to apply for my child to enrol at _____ State Special School.					
Part C – Information about previous Verification					
My child has already been through a verification process by Education Queensland via _____ State School in (year) in the category/ies of _____.					
Part D – Consent					
<b>For the purposes of this application I give consent for the following external persons:</b>					
<input type="checkbox"/>	Medical specialist	Name:			
<input type="checkbox"/>	Therapists	Name:			
<input type="checkbox"/>	Nurses	Name:			
<input type="checkbox"/>	Other: (Specify here) _____				
<b>to give DET any and all information they hold concerning my child's:</b>					
<input type="checkbox"/>	disability/ies	<input type="checkbox"/>	educational and other support needs		
<input type="checkbox"/>	specialised health needs	<input type="checkbox"/>	development and intervention/support history.		
I also understand that DET, for the purposes of this application, may consider any information held by DET in respect of my child, including a previous verification outcome, and that DET may request additional information about my child and may request that my child be further assessed or verified by DET staff.					
Part E – Signature					
Parent signature:		Date:			