

# Application to register a child in a pre-Preparatory learning program in a Queensland state school

## INSTRUCTIONS

When completing this application, please refer to the *Application to register a child in a pre-Preparatory learning program guideline* on page 2, and, if applicable, the [Pre-Prep in State Schools in Identified Indigenous Communities Registration Information Sheet](#) which outlines the parents and schools' roles and responsibilities.

## PRIVACY STATEMENT

The Department of Education and Training (DET) is collecting the information on this form for the purposes outlined in the *Education (General Provisions) Act 2006 (Qld) (EGPA 2006)* and the *Education and Care Services National Law (Queensland) (ECSNL)*, and in particular for:

- assessing whether your application for registration should be approved
- meeting reporting obligations required by law or under Commonwealth/State service arrangements
- administering and planning for children attending a pre-preparatory (pre-Prep) learning program
- assisting departmental staff to maintain the good order and management of the pre-Prep Service, and to fulfil their duty of care to all school children and staff
- communicating with children and parents.

This collection is authorised by ss.419B, 419F and 428 of the EGPA 2006 and ss.92, 99, 102, 160, 161 and 162 of the *Education and Care Services National Regulations (ECSNR)*. 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 pre-Prep Service 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 principal of the school to which the pre-Prep is attached in the first instance.

The medical information in this form is being collected to address the medical needs of pre-Prep children. The information will only be used or disclosed by authorised employees of the department in accordance with your consent or as authorised or required by law.

## ENTITLEMENT TO REGISTRATION

Under the EGPA 2006, an applicant into a pre-Prep learning program at a prescribed state school must be registered to participate. While not exhaustive, the following matters may affect an applicant's registration entitlement at a state school:

- failure to adequately complete this application form
- the applicant is not of the correct age for registration (i.e. is not at least 4 years and 6 months on 31 December in the year proposed for entry into the program)
- the applicant's registration has been cancelled at another prescribed state school or prescribed non-state school
- without staff sighting the child's birth certificate or other documentation (e.g. hospital birth record) as proof/evidence of birthdate
- the applicant's immunisation status is not up-to-date or cannot be verified.

## OFFICE USE

This section is to be completed by the pre-Prep Service and will assist in documenting specific details in relation to a child's registration:

Office use only			
<b>Date registered</b>	_____ / _____ / _____		
<b>DOB confirmed:</b> Birth certificate sighted/ Hospital birth record sighted/ Passport sighted Number recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number:</b>	
<b>Immunisation History Statement:</b> sighted/ <b>Or Up to Date Health Record</b> on file/ confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Information:</b> All relevant information recorded.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd
<b>Medical Management Plan</b> received (provided to the service by parent/caregivers)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd	<b>Risk Minimisation Plan</b> completed (developed by Parents and the service if there no Medical Management Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Req'd
<b>All Authorised Persons sections</b> completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Court Order or Current Parenting Plan</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Information regarding the pre-Prep program</b> <b>has been explained to the parent</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Travel arrangements to and from pre-Prep</b> <b>arranged / confirmed with parents</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>English as an Additional Language / Dialect (EAL/D) support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined		

**This sheet provides guidelines on how to complete the Application Registration form for pre-Preparatory entry (ARPP–1 Version 2).**

**Entitlement to register**

Under the *Education (General Provisions) Act 2006* (Qld), a prescribed state school may register an applicant if they are eligible for registration. While not exhaustive, a list of matters which may affect an applicant's entitlement to registration are included on the front page of this form.

**Questions which must be answered\***

This Application for Registration for entry into a pre-Prep learning program contains a number of questions marked with (\*) which **must** be answered. These include: demographic, address and family details, country of birth, emergency contact details, medical information and the application to register form. These questions and consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form *not marked* (\*) are optional. However, failure to complete these sections may result in the service refusing to register the child in the program.

**Sighting of birth certificate and Health Record/Immunisation History Record**

Services are required to sight a child's birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child is born in a country without a birth registration system – a passport or visa documents will suffice, or in a remote Indigenous community where hospital birth records are deemed sufficient).

Under the amended *Public Health Act 2005* (Qld), services are required to sight either an up-to-date, completed Health Record or, preferably the child's Immunisation History Record (IHR). If the parent/caregiver is unable to provide an IHR and is unable to obtain one from the medical service or other request channel, the service can ask that they complete the relevant consent form and obtain the record through the Health and Hospital Service.

**Name on registration form**

A child should be registered under their legal name as per their birth certificate/hospital birth record. There is also a provision to record a child's preferred family and given name, and at the parent's request, the preferred name will be used to interact with, and about, your child.

**Medical information and emergency contacts**

A child's medical condition, symptoms, management and medication/s must be documented. Medical conditions may include (but are not limited to) seizures/epilepsy, fainting, diabetes, asthma, heart problems, anaphylaxis and allergies (such as food or insect stings). Parents must indicate if they are an emergency contact. Three additional emergency contacts are also required. Information must also be provided regarding the child's immunisation status.

**Court Orders**

Any court orders concerning the welfare, safety or parenting arrangements of children should be provided to the school by parents, and the school should also be provided with any new or updated orders.

DEMOGRAPHIC DETAILS			
Legal family name* (as per birth certificate/ hospital birth record)			
Legal given names* (as per birth certificate/ hospital birth record)			
Preferred family name		Preferred given name/s	
Sex* (as per birth certificate/ hospital birth record)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	____ / ____ / ____
Copy of birth* certificate/hospital birth record for verification by school staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration may not be approved without staff sighting the child's birth certificate or other documentation (e.g. hospital birth record) as proof/evidence of birthdate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. child born in a country without a birth registration system. Passport or visa documents will suffice). This does not include failure to register a birth or reluctance to order a birth certificate.	

APPLICATION DETAILS*				
Has the child ever* registered for a pre- Prep learning program in a Queensland prescribed state school/non-state school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of school and approximate date of registration		
Proposed starting date for the child at this school	____ / ____ / ____			
Does the child have* a sibling enrolled at this school or any other Queensland state school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of sibling, year level, date of birth, and school	Name:	
			Year level	Date of birth ____ / ____ / ____
			School:	

ADDRESS DETAILS*			
Main place of residence address*			
Address line 1			
Address line 2			
Suburb/town	State	Postcode	
Postal address (if it is the same as main place of residence, write 'AS ABOVE')			
Address line 1			
Address line 2			
Suburb/town	State	Postcode	
Email			

<b>FAMILY DETAILS</b>		
<b>Parents:</b>	<b>Parent 1</b>	<b>Parent 2</b>
<b>Family name*</b>		
<b>Given name/s*</b>		
<b>Title</b>	<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
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Relationship to child*</b>		
<b>Is the parent an* emergency contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1<sup>st</sup> Phone contact* number</b>	Work/home/mobile	Work/home/mobile
<b>2<sup>nd</sup> Phone contact* number</b>	Work/home/mobile	Work/home/mobile
<b>3<sup>rd</sup> Phone contact* number</b>	Work/home/mobile	Work/home/mobile
<b>Email</b>		
<b>Country of birth</b>		
<b>Country of residence</b>		
<b>Does parent 1 or* parent 2 speak a traditional language or creole? (If more than one language, indicate the one that is spoken <i>most often</i>)</b>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ _____ Needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the parent an* Australian citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the parent a permanent resident of Australia?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AUTHORISED PERSONS**

	Authorised Person 1	Authorised Person 2
<b>1. Authorised persons who may give consent to the administration of medication to my child by the service.</b>		
Name*		
Address*		
Relationship (e.g. aunt)*		
1 <sup>st</sup> phone contact number*	Work/home/mobile	Work/home/mobile
2 <sup>nd</sup> phone contact number*	Work/home/mobile	Work/home/mobile
3 <sup>rd</sup> phone contact number*	Work/home/mobile	Work/home/mobile

<b>2. Authorised persons who may collect my child from the service</b>		
Name*		
Address*		
Relationship (e.g. aunt)*		
1 <sup>st</sup> phone contact number*	Work/home/mobile	Work/home/mobile
2 <sup>nd</sup> phone contact number*	Work/home/mobile	Work/home/mobile
3 <sup>rd</sup> phone contact number*	Work/home/mobile	Work/home/mobile

<b>3. Authorised persons who may give authorisation to the approved provider, nominated supervisor or an educator to seek medical treatment for my child or transportation of my child by an ambulance service</b>		
Name*		
Address*		
Relationship (e.g. aunt)*		
1 <sup>st</sup> phone contact number*	Work/home/mobile	Work/home/mobile
2 <sup>nd</sup> phone contact number*	Work/home/mobile	Work/home/mobile
3 <sup>rd</sup> phone contact number*	Work/home/mobile	Work/home/mobile

<b>4. Authorised persons who may give written authorisation to an educator to take my child outside the service on an excursion</b>		
Name*		
Address*		
Relationship (e.g. aunt)*		
1 <sup>st</sup> phone contact number*	Work/home/mobile	Work/home/mobile
2 <sup>nd</sup> phone contact number*	Work/home/mobile	Work/home/mobile
3 <sup>rd</sup> phone contact number*	Work/home/mobile	Work/home/mobile

INDIGENOUS STATUS	
Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
COUNTRY OF BIRTH*	
In which country was the child born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify country) _____ _____ Date of arrival in Australia _____ / _____ / _____
LANGUAGE DETAILS	
Does the child speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____ _____

SPECIAL CONSIDERATIONS	
Is there something else that we need to know about your child – do they have any special requirements?	Please provide details
	<input type="checkbox"/> Cultural requirements
	<input type="checkbox"/> Dietary Requirements
	<input type="checkbox"/> Religious Requirements
	<input type="checkbox"/> Other Requirements

COURT ORDERS*	
Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? Please provide a copy of any relevant parenting plan or current court order.*	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAVEL DETAILS	
Mode of transport to school	<input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Other _____ _____

<b>CHILD'S FIRST NAME:</b>		<b>CHILD'S LAST NAME:</b>	
<b>MEDICAL MANAGEMENT PLAN</b>			
Does your child have any healthcare needs, including medical * conditions and allergies. This includes a diagnosis of being at risk of anaphylaxis?		<input type="checkbox"/> Yes <input type="checkbox"/> No  If the answer is yes, you are required to provide a medical management plan or anaphylaxis medical management plan, or develop in conjunction with the service a risk minimisation plan.	
Does the child require* any medication? (include over-the-counter medications and self-administration of medications or health conditions)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, these will need to be included in the medical management plan/the risk minimisation plan.		
<b>OTHER MEDICAL INFORMATION</b>			
Does the child require* any medical aids or devices? (e.g. glasses, contact lenses, prosthetics or orthotics)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____ _____		
Name of child's* medical practitioner		Contact number of* medical practitioner	
Address of medical* practitioner			
Do you authorise the approved provider, nominated supervisor or an educator to seek medical treatment* for your child from a registered medical practitioner, hospital or ambulance service, including ambulance or other appropriate transport, if immediate but non-life threatening treatment is required and if parents or relevant authorised persons cannot be contacted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare card number (if available)		Position Number (e.g. 3, 4)	Private health insurance company name (if covered) (optional)
Private health insurance membership number (leave blank if company name is not provided)			

**APPLICATION TO REGISTER\***

I hereby apply to register my child at \_\_\_\_\_

	Parent/Guardian 1	Parent/Guardian 2
Signature		
Date	____ / ____ / ____	____ / ____ / ____