State Delivered Kindergarten Enrolment and Permission Forms

Complete and return this section to the Talwood State School office.

0746771333
principal@talwoodss.eq.edu.au

Forms to complete -

- State Delivered Kindergarten (SDK) Enrolment Application
- Project Consent
- State School Consent
- OneSchool Consent

Documents to bring -

- Birth Certificate
- Immunisation History
- Medical Plan (if required)
- Court Order (if required)

Application to register a child in Kindergarten

INSTRUCTIONS

When completing this application, please refer to the *Guidance notes – How to complete the "Application to register a child in kindergarten"* at the end of this form.

PRIVACY STATEMENT

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

i. assessing whether your application for registration of your child should be approved
ii. meeting reporting obligations required by law or under Federal - State funding arrangements
iii. administering and planning for children attending a kindergarten learning program
iv. assisting departmental staff to maintain the good order and management of the Kindergarten, and to fulfil their duty of care to all school and kindergarten children and staff
v. responding to medical requirements of kindergarten children, including any medical emergency that may occur during the delivery of the kindergarten learning program (including kindergarten excursions, camps, sports and other activities);
vi. communicating with children and parents.

Personal information collected on this form may be disclosed to third parties with your written consent, or where authorised or required by law. Your information will be stored securely in accordance with the *Information Privacy Act 2009* (Qld), section 183 of the Education and Care Services National Regulations (Queensland) and the relevant DoE record retention policies and procedures.

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 state school Kindergarten 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 contact the principal of the school to which the state school Kindergarten is attached in the first instance.

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

ENTITLEMENT TO REGISTRATION

Under the EGPA, a parent of a kindergarten age child may apply to register the child in a kindergarten learning program at a prescribed state school ('**Kindergarten**'). A child must be registered to participate. While not exhaustive, the following matters may affect an applicant's entitlement to registration under section 419 of the EGPA:

- a failure to adequately complete this application form
- if 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)
- if the applicant's registration has been cancelled at another prescribed state school or prescribed non-state school
- if staff have not been able to sight the child's birth certificate or other documentation (e.g. hospital birth record) as specified
- if the applicant's immunisation status is not up-to-date or cannot be verified
- if the prospective kindergarten child is not an Australian citizen or permanent resident or the child of an Australian citizen or permanent resident (visa restrictions may apply, fees may be charged or approval from the Chief Executive of DoE may need to be sought).

OFFICE USE ONLY

Date of application ____/____/____	**Application decision**	☐ **Yes** ☐ **No** **(applicant advised in writing)**		**Date advised**	____/____/____
☐ **Birth certificate sighted;** or ☐ Hospital birth record sighted; or ☐ Passport sighted	**DOB confirmed** ☐ **Yes** ☐ **No**	**DOB Document Number:**	**EQ ID**		
			Roll Class		
Visa and associated documents sighted	☐ **Yes** ☐ **No** ☐ **Not Req'd**	**EQI category (if required)**	☐ **SV – student visa** ☐ **TV – temporary visa** ☐ **DS – dependent – parent on student visa**		
Immunisation History Statement Or **Up to Date Health Record**: ☐ sighted ☐ on file ☐ confirmed	☐ **Yes** ☐ **No**	**Medical and Health Information:** All relevant information recorded.		☐ **Yes** ☐ **No** ☐ **Not Req'd**	
Medical Management Plan received (provided to the service by parent/caregiver)	☐ **Yes** ☐ **No** ☐ **Not Req'd**	**Risk minimisation and communication plans** completed (between parent/caregiver and educator)		☐ **Yes** ☐ **No** ☐ **Not Req'd**	
All Authorised Persons sections completed	☐ **Yes** ☐ **No**	**Court Order or Current Parenting Plan**		☐ **Yes** ☐ **No** ☐ **N/A**	
Travel arrangements to and from the kindergarten learning program arranged / confirmed with parent/carer	☐ **Yes** ☐ **No**	**Information regarding the kindergarten learning program has been explained to the parent/caregiver**		☐ **Yes** ☐ **No**	
English as an Additional Language / Dialect (EAL/D) support	☐ **Yes** ☐ **No** ☐ **To be determined**				

Child Name: …… Parent Signature: …… Date: ……..

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DEMOGRAPHIC DETAILS

***Child's legal family name (as per birth certificate/ hospital birth record)**			
***Child's legal given names (as per birth certificate/ hospital birth record)**			
Preferred family name		**Preferred given name/s**	
***Gender (as per birth certificate/ hospital birth record)**	☐ **Male** ☐ **Female**	***Date of birth**	_____/_____/_____
***Copy of child's birth certificate/hospital birth record for verification by school staff**	☐ **Yes** ☐ **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 kindergarten learning program in a Queensland prescribed state school/non-state school?**	☐ **Yes** ☐ **No**	**If yes, provide name of school and approximate date of registration**			
Proposed starting date for the child at Kindergarten	_____/_____/_____				
Does the child have a sibling enrolled at this school or any other Queensland state school?	☐ **Yes** ☐ **No**	**If yes, provide name of sibling, year level, date of birth, and school**	**Name:**		
			Year level		**Date of birth** _____/_____/_____
			School:		

CHILD'S INDIGENOUS STATUS

Is the child of Aboriginal or Torres Strait Islander origin?	☐ **No** ☐ **Aboriginal** ☐ **Torres Strait Islander** ☐ **Both Aboriginal and Torres Strait Islander**

CHILD'S COUNTRY OF BIRTH

***In which country was the child born?**	☐ **Australia** ☐ **Other (please specify country)** _____ **Date of arrival in Australia** _____/_____/_____

*CHILD'S CULTURAL BACKGROUND

***What is the child's cultural background?**	_____
Parents/carers who identify as Aboriginal or Torres Strait Islander may choose to provide child's Country or mob if known	

CHILD'S LANGUAGE DETAILS

***What language is mostly used at home when speaking with the child?**	☐ **English only** ☐ **Other – please specify:**

Child Name: …… Parent Signature: …… Date: ……..

***CHILD'S ADDRESS DETAILS**					
***Child's main place of residence**					
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**	

FAMILY DETAILS

Please note: all references to parents/carers refer to the legal guardians of the child

Parents/Carers:	**Parent/Carer 1**	**Parent/Carer 2**
***Family name**		
***Given name/s**		
Title	☐ **Mr** ☐ **Mrs** ☐ **Ms** ☐ **Miss** ☐ **Dr**	☐ **Mr** ☐ **Mrs** ☐ **Ms** ☐ **Miss** ☐ **Dr**
Gender	☐ **Male** ☐ **Female**	☐ **Male** ☐ **Female**
***Relationship or kinship to child**		
***Is the parent/carer an emergency contact?**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
***1st Phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***2nd Phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***3rd Phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***Residential address**		
Email		
Country of birth		
Cultural background (If applicable)		
Parents/carers who identify as Aboriginal or Torres Strait Islander may choose to provide their Country or mob if known		
***Does the parent/carer speak a language other than English at home, including a traditional language or creole? (If more than one language, indicate the one that is spoken *most often*)**	☐ **No, English only** ☐ **Yes, other – please specify** _____ _____ **Is an interpreter required?** ☐ **Yes** ☐ **No**	☐ **No, English only** ☐ **Yes, other – please specify** _____ _____ **Is an interpreter required?** ☐ **Yes** ☐ **No**
***Is the parent/carer an Australian citizen?**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
***Is the parent/carer a permanent resident of Australia?**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

Child Name: …… Parent Signature: …… Date: ……..

NB^ *Pages 5 and 6 containing Emergency Contacts and Authorised Persons may be copied and added to the document if additional Emergency Contacts or Authorised Persons are required to be recorded. Please ensure any additional pages with authorisations contain a parent/carer signature.*

***EMERGENCY CONTACTS to be notified if any parent cannot be immediately contacted (call parents first)**		
Must nominate only people 18 years or older.	**Emergency Contact 1**	**Emergency Contact 2**
***Name**		
***Address**		
***Relationship** (e.g. aunt)		
***1st phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***2nd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***3rd phone contact number**	**Work/home/mobile**	**Work/home/mobile**

*AUTHORISED PERSONS

ADMINISTRATION OF MEDICATION AND MEDICAL TREATMENT

You may nominate the same or different people as the emergency contacts. If the authorised persons are the same as your emergency contacts, please write "SEE EMERGENCY CONTACT". Ensure that you nominate only people 18 years or older.

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

Child Name: …… Parent Signature: …… Date: ……..

EXCURSIONS AND AUTHORISATION TO TRANSPORT A CHILD

You may nominate the same or different people as the emergency contacts. If the authorised persons are the same as your emergency contacts, please write "SEE EMERGENCY CONTACT". Ensure that you nominate only people 18 years or older.

	Authorised person 1	Authorised person 2
Authorised persons who may give written authorisation to an educator to take my child outside the service on an excursion		
***Name**		
***Address**		
***Relationship** (e.g. aunt)		
***1st phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***2nd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***3rd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
Authorised persons who may give authorisation to the education and care service to transport the child or arrange transportation of the child		
***Name**		
***Address**		
***Relationship** (e.g. aunt)		
***1st phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***2nd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***3rd phone contact number**	**Work/home/mobile**	**Work/home/mobile**

COLLECTION OF CHILD

Any person authorised to collect your child is defined in the legislation as an Authorised nominee. The Authorised nominee must have an understanding of the risks and responsibilities of accompanying the child.

Authorised persons who may collect my child from the service (no minimum or maximum number)

	Authorised nominee 1	Authorised nominee 2
***Name**		
***Address**		
***Relationship to child** (e.g. aunt)		
***1st phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***2nd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***3rd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
	Authorised nominee 3	**Authorised nominee 4**
***Name**		
***Address**		
***Relationship to child** (e.g. aunt)		
***1st phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***2nd phone contact number**	**Work/home/mobile**	**Work/home/mobile**
***3rd phone contact number**	**Work/home/mobile**	**Work/home/mobile**

Child Name: …… Parent Signature: …… Date: ……..

*COURT ORDERS

*Out-of-Home Care Arrangements

Under the *Child Protection Act 1999*, when a Child Protection Order is approved by the Children's Court, the child is placed in out-of-home care (OOHC). Out-of-home care includes short or long term placement with an approved kinship or foster carer; in a supported independent living arrangement; in a safe house; and in residential care.

Is the child identified as residing in out-of-home care?	☐ **Yes** ☐ **No**	
If yes, what are the dates of the court order? Please provide a copy of the court order and/or the Authority to Care.	**Commencement date**	____/____/____
	End date	____/____/____
Contact details of the Child Safety Officer (if known)	**Name**	
	Phone number	

*Family Court Orders

Are there any current orders made pursuant to the *Family Law Act 1975* concerning the welfare, safety or parenting arrangements of the child?	☐ **Yes** ☐ **No**	
If yes, what are the dates of the court order? Please provide a copy of the court order.	**Commencement date**	____/____/____
	End date	____/____/____

*Other Court Orders

Are there any other current court orders, such as a domestic violence order, concerning the welfare, safety or parenting arrangements of the child?	☐ **Yes** ☐ **No**	
If yes, what are the dates of the court order? Please provide a copy of the court order.	**Commencement date**	____/____/____
	End date	____/____/____

*EVIDENCE OF PROSPECTIVE KINDERGARTEN CHILD'S IMMIGRATION STATUS (to be completed if this person is NOT an Australian citizen)

Permanent resident – complete passport and visa details section below

Student visa holder	**Date of arrival in Australia** ____/____/____	**Date registration approved to** ____/____/____	**EQI receipt number**

Temporary visa holder – complete passport and visa details section below

Temporary visa holders must obtain an 'Approval to register' from Education Queensland International (EQI) – please follow the Temporary Residents Admissions policy and procedure.

Other – please specify	

Passport and visa details (to be completed for a prospective kindergarten child who is NOT an Australian citizen).

NOTE: A permanent resident will have a passport with a permanent residency visa inside worded 'Holder(s) permitted to remain in Australia indefinitely'.

For prospective students arriving in Australia as refugee or humanitarian entrants, either PLO 56 Immigration issued card or 'Document to travel to Australia' with 'stay indefinite' recorded must be sighted by the school.

Passport number		**Passport expiry date**	____/____/____
Visa number		**Visa expiry date (if applicable)**	____/____/____
Visa sub class			

Child Name: …… Parent Signature: …… Date: ……..

TRAVEL DETAILS

Mode of transport to/from Kindergarten *(for discussion with Principal)*	☐ **Walk** ☐ **Car** ☐ **Bus** ☐ **Bicycle** ☐ **Train** ☐ **Other** _____

SPECIAL CONSIDERATIONS

Does your child have any known disabilities?	☐ **Yes** ☐ **No**	**Please provide details**
Is there something else that we need to know about your child – do they have any special requirements?	☐ **Cultural requirements**	**Please provide details**
	☐ **Dietary requirements**	**Please provide details**
	☐ **Religious requirements**	**Please provide details**
	☐ **Other requirements**	**Please provide details**

Your child's independence is supported and encouraged. For example, toileting, handwashing, caring for belongings etc., are all important skills to develop. Where possible, methods used at home will be incorporated within the service to ensure continuity with home routines.

In addition to the information in this form, there may be further information the service needs to know about any additional needs. For example:

- **sleep and/or preferred rest time options. The program may incorporate a rest time into daily routines. As children have different sleep requirements, if your child needs a sleep they will be encouraged to do so. Alternatively, your child may take the opportunity to rest and then relax with quiet activities.**
- **if your child is not yet toilet trained, we will begin this process when your child is ready in consultation with you.**

Do you wish to provide any additional information to support your child's entry into the kindergarten program? ☐ **Yes** ☐ **No**

If yes, please provide details (please attach additional pages if required):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Child Name: …… Parent Signature: …… Date: ……..

MEDICAL AND HEALTH INFORMATION

It is essential that the Kindergarten is advised before the child's first day of attendance if the child has any known medical conditions. The Kindergarten must also be informed of any new medical conditions or a change to medical conditions as soon as they are known.

IMMUNISATION

Evidence of your child's immunisation status is collected on registration. Under the *Public Health Act 2005* (Qld), if this request regarding your child's immunisation status is refused or not complied with within a reasonable period of time after the request is made, registration of your child at the Kindergarten may be refused, or refused until you provide to the Kindergarten an Immunisation History Statement (IHS) stating that your child has their immunisation status "up to date", or registration may be made conditional on an IHS being provided to the Kindergarten (which shows your child has their immunisation status "up to date").

***Is your child's immunisation status up-to-date?**	☐ **Yes** ☐ **No**
***Do you have a copy of your child's IHS? If so, please provide a copy to the Kindergarten.**	☐ **Yes, copy provided – *please go directly to Medical Management Plan section*** ☐ **No**

If you do not have a copy of your child's IHS, with your authorisation the Kindergarten can contact the local Public Health Unit (PHU) to verify your child's immunisation status on the *Australian Childhood Immunisation Register* (the ACIR) and obtain proof of your child's immunisation history.

Would you prefer the Kindergarten to obtain your child's IHS from the PHU on your behalf? ***Consent to Release / Obtain information to verify immunisation status of kindergarten children* form will only be used by the Kindergarten for this purpose.**	☐ **Yes - please complete the separate *Consent to Release / Obtain information to verify immunisation status of Kindergarten children* form for the Kindergarten to verify immunisation status of your child** ☐ **No - please speak with Kindergarten staff about a reasonable time within which you can arrange to provide your child's IHS to the Kindergarten**
If 'Yes', has the *Consent to Release / Obtain information to verify immunisation status of Kindergarten children* form been completed?	☐ **Yes, copy provided** ☐ **No**

MEDICAL MANAGEMENT PLAN

***Does your child have any healthcare needs, including medical conditions and allergies. This includes a diagnosis of being at risk of anaphylaxis?**	☐ **Yes** ☐ **No** Name of medical condition/allergy/anaphylaxis: If the answer is yes, you are required to provide a medical management plan or anaphylaxis medical management plan (if required), and develop a risk minimisation and communication plan in collaboration with the service.
***Are there dietary restrictions based on medical conditions?** Please note: Dietary requirements are also under *Special Considerations* (page 8 of this Registration form).	☐ **Yes** ☐ **No** **If yes please provide details:**
Does the child require any regular or emergency medication? (include over-the-counter medications and self-administration of medications or health conditions)	☐ **Yes** ☐ **No** If yes, these will need to be included in the medical management plan/the risk minimisation plan.

OTHER MEDICAL INFORMATION

***Does the child require any medical aids or devices?** (e.g. glasses, contact lenses, prosthetics or orthotics)	☐ **No** ☐ **Yes, please specify:** _____				
***Name of child's medical practitioner**				***Contact number of medical practitioner**	
***Address of medical practitioner**					
Medicare card number (if available)		**Position Number** (e.g. 3, 4)		**Cardholder name**	

Child Name: …… Parent Signature: …… Date: ……..

*CONSENT FOR MEDICAL ATTENTION TO BE SOUGHT

***I/We authorise the approved provider, nominated supervisor/principal, teacher or educator of the Kindergarten to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service, including travel by ambulance or other appropriate transport.**

Name of parent/carer/authorised person _____

Signature of parent/carer/authorised person _____ **Date:** _____/_____/_____

*APPLICATION TO REGISTER

In signing this form below to apply to register my child _____

at _____ State School/College Kindergarten, I/we agree that:

- I/we are the parents or legal guardians of the child named above.
- I/we have read and understood all of the information contained in this Application to register form.
- I/we have provided the Kindergarten with all relevant details of my child's specific health care needs, including any known medical conditions and allergies including risk of anaphylaxis, and will update this information (if circumstances change).

	Parent/Carer 1	**Parent/Carer 2**
Signature		
Print name		
Date	_____/_____/_____	_____/_____/_____

OFFICE USE ONLY

Additional forms for registration process (as applicable):

- ☐ **Excursion Consent Form** – for regular outings *(where relevant)* with associated **Excursion Risk Assessment and Management Plan** *(update 12 months or for any change)*
- ☐ **Regular transport package**
- ☐ **Medication Form**
- ☐ **Medical risk minimisation and communication plan** ***(Monitor and review if any significant change occurs.)***
- ☐ **School Media Consent Form**

Additional authorisations (as applicable):

- ☐ ***Consent to apply insect repellent***
- ☐ ***Consent to apply sunscreen***
- ☐ ***Consent to use learning technologies***
- ☐ ***Consent to receive email notifications***

Discussion reminder:

- ☐ ***Requirement for parent/carer to notify any absence from the kindergarten program***
- ☐ ***How will the child travel to and from kindergarten and what contingencies should the family have in place?***

Child Name: …… Parent Signature: …… Date: ……..

Request for additional authorisations

Parents/Carers - *The purpose of these authorisations is for the Kindergarten to seek additional consent from parents/carers in relation to specific health and safety matters, learning and development, and administrative processes while your child is attending the Kindergarten. Approval of the application to register the child in the Kindergarten is not conditional on parental consent being given for the below activities.*

Parents/Carers – You may amend or revoke the consents you provide on this request at any time throughout your child's registration at the Kindergarten by resubmitting this form to the Principal.

Consent to apply insect repellent

If you would like your child to use insect repellent at the Kindergarten and be assisted by a teacher with its application when appropriate, please indicate in the consent section below. If you have any concerns regarding your child's use of insect repellent, you should consider seeking medical advice prior to giving consent.

☐ I give permission for my child to use any insect repellent and be assisted by a teacher with its application when appropriate.

☐ I give permission for my child to use only the insect repellent provided by me and be assisted by a teacher with its application when appropriate.

☐ I do not give permission for my child to use insect repellent or be assisted by a teacher with its application when appropriate.

Parent/Carer signature _____ Parent/Carer signature _____

Date _____ Date _____

Consent to apply sunscreen

If you would like your child to use sunscreen at the Kindergarten and be assisted by a teacher with its application when appropriate, please indicate in the consent section below. If you have any concerns regarding your child's use of sunscreen, you should consider seeking medical advice prior to giving consent.

☐ I give permission for my child to use any sunscreen and be assisted by a teacher with its application when appropriate.

☐ I give permission for my child to use only the sunscreen provided by me and be assisted by a teacher with its application when appropriate.

☐ I do not give permission for my child to use sunscreen or be assisted by a teacher with its application when appropriate.

Parent/Carer signature _____ Parent/Carer signature _____

Date _____ Date _____

Consent to use Learning Technologies

The use of touch screen tablets by young children is increasing in the home and in early childhood settings. Tablets may be used in the kindergarten classroom for educational purposes, to provide students with valuable learning experiences and to support educational development in domains such as numeracy and literacy (e.g. number identification and alphabet knowledge).

☐ I give permission for my child to use Learning Technologies.

☐ I do not give permission for my child to use Learning Technologies.

Parent/Carer signature _____ Parent/Carer signature _____

Date _____ Date _____

Consent to receive email notifications

Emailing newsletters enables us to include images of campus events and also special broadcasts that are important to our community. This not only is a responsible environmental practice, it also ensures that newsletters and other vital information reach parents and caregivers. If you do not have an email address there will be paper copies available from the Kindergarten or school office.

☐ I would like to receive emails from my child's kindergarten.

My email is: _____

☐ I would prefer to obtain a hard paper copy from my child's kindergarten.

Parent/Carer signature _____ Parent/Carer signature _____

Date _____ Date _____

Child Name: …… Parent Signature: …… Date: ……..

Guidance notes - how to complete the Application to register a child in Kindergarten form

Assessment of the application to register your child in the kindergarten program at a state school

It should be noted your child's eligibility for registration will be assessed prior to a decision to register the child. Provision of required documents will assist in determining the child's eligibility. Should the application to register not be accepted, you will receive notification of the reasons why the child is not eligible, and advice about complaints processes.

Placement in a Kindergarten program does not mean that your child will automatically be enrolled the following year in the school to which the Kindergarten is attached. You will need to complete a student enrolment application form for the school at the appropriate time.

*Questions which must be answered

This Application to register form contains a number of questions marked with (*) which **must** be answered. These include: demographic, address and family details, country of birth, emergency contact details, immunisation status, and medical information. Answers to these questions and the provision of the associated consent by the parent/carer are considered necessary to ensure the Kindergarten can undertake its administrative and care responsibilities.

Sections of the form *not marked* (*) are optional. However, the information requested will assist the staff in supporting your child

Sighting of your child's birth certificate

Kindergartens 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 EGPA, the child must be at least 4 years and 6 months on 31 December in the year proposed for entry into the Kindergarten.

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.

Authority to register a child

A parent or person named as responsible for the child in relevant current Family Court or other court orders concerning the welfare, safety or other parenting arrangements for the child may register an eligible child in a Kindergarten. The school only requires the signature of one parent or authorised carer to accept an application for registration which should be supported by copies of relevant documentation, e.g. court orders, birth certificate, Immunisation History Status to assist the assessment of eligibility. It is not the role of the school or Kindergarten to resolve disagreements between parents/carers about the child's registration in the Kindergarten.

Court Orders

Details of any court orders, parenting (consent) orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, should be provided to the Kindergarten. Details of any other orders concerning the welfare, safety or parenting arrangements of children should also be provided to the school by parents. Any changes, modifications or new orders/plans must be provided to the service before the child returns to the service after the order has been issued.

Child's immigration status

This section is required to be completed where a prospective kindergarten child is not an Australian citizen or permanent resident (or the child of an Australian citizen or permanent resident) and information is required to be recorded about their passport and visa to confirm eligibility for the Kindergarten.

Use of school bus

Parents/carers wanting their child to travel to and/or from Kindergarten on a school bus (where such service is available) must first discuss the arrangement with the Principal. Consideration of the child's wellbeing is paramount. All required authorisations must be completed before a kindergarten child travels on a school bus. The Regular Transport package is separate to the registration form.

Recording of your child's health information

The National Law requires that all approved services (including the Kindergarten) keep certain health information in the enrolment record for each child registered at the service including (but not limited to) information on any specific healthcare needs (including medical conditions), allergies, medical management plans, details of dietary restrictions, and a notation as to whether a child's health records have been sighted by the service. A service is also required to keep the immunisation status of a child registered in the service in the service's enrolment record.

Provision of your child's Immunisation History Record (before registration)

Under the *Public Health Act 2005* (Qld) (**PHA**), the person in charge of the education and care service may request, before a child's registration, an Immunisation History Statement (**IHS**) stating that the child has their immunisation status "up to date", to determine whether a child can be registered or attend the service (refer to section 160B (2) of the PHA).

Under the PHA, if a request regarding your child's immunisation status is refused or not complied with within a reasonable period of time after the request is made, registration of your child at the Kindergarten may be refused, or refused until an IHS stating that your child has their immunisation status "up to date" is given to a person in charge of the Kindergarten, or your child's registration or attendance may be conditional on the provision of an IHS (stating that your child has their immunisation status "up to date"). If you are unable to provide an IHS or you do not comply with the request to provide the IHS within a reasonable period after the request is made, the person in charge of the school or education and care service may request that you complete a consent form to authorise the Kindergarten to obtain the IHS record on your behalf.

Children who are not immunised, or who do not have a complete immunisation record (i.e. no "up to date" immunisation status can be shown at registration), are able to be registered and attend a Kindergarten at the discretion of the education and care service, however such children are taken not to be vaccinated and will be excluded from care during outbreaks of some infectious diseases in accordance with the National Health & Medical Research Council exclusion guidelines, even if the child is well. Please note that under the PHA a person in charge of a school or education and care service has authority (after gaining appropriate medical advice) to direct a parent/caregiver to remove a child from a service as soon as reasonably practicable and direct a parent not to send a child to the service for a prescribed period where there is a risk a child not immunised may contract a vaccine preventable condition.

Evidence of 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). A medical management plan must be provided by the parents for any child with a specific health care need, allergy or relevant medical condition. A relevant risk minimisation plan will then be developed in consultation between the parents and the Kindergarten to support the child's participation.

Parents must indicate if they wish to be recorded as an emergency contact (in the event the parent is not available to be contacted in an emergency, such as if they are unable to be contacted at work or a fly in fly out worker). Two additional emergency contacts are also required. Any person nominated to be an emergency contact must be over the age of 18. Ideally, each contact should be someone who lives near to the Kindergarten. It is recommended that parents/carers have discussed the willingness of each person to be an emergency contact before nominating that person.

Emergency Treatment

In the event of an emergency the Nominated Supervisor of the Kindergarten (or school Principal for services operating under the ECS Act) may make a determination, in the case of a perceived and/or imminent threat to the health, safety and wellbeing of a child, to seek medical assistance for a child as required without seeking further authorisation from a parent/carer.

Additional consents, authorisations and permissions

At the time of registering a child, or at any other time throughout the child's attendance at the Kindergarten, additional requests for consent/authorisations may be made by the Kindergarten to parents/carers to ensure the health, safety and wellbeing of the child.

Office Use

The office section is to be completed by the school/Kindergarten and will assist in documenting specific details in relation to registration, including confirmation of the sighting of documentary evidence such as a prospective kindergarten child's birth certificate, passport or visa.

Child Name: …… Parent Signature: …… Date: ……..

Talwood State School

principal@talwoodss.eq.edu.au
4677 1333
https://talwoodss.eq.edu.au/
17 Recreation Street, Talwood 4496

August 2026

Introduction to the State School Consent Form (attached) for Talwood State School State Delivered Kindergarten

This letter is to inform you about how we will use your child's personal information and student materials. It outlines:

- what information we record
- how we will use student materials created during your child's enrolment.

Examples of personal information which may be used and disclosed (subject to consent) include part of a person's name, image/photograph, voice/video recording or year level.

Your child's student materials:

- are created by your child whether as an individual or part of a team
- may identify each person who contributed to the creation
- may represent Indigenous knowledge or culture.

Purpose of the consent

It is the school's usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education.

To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the 'Media Sources' section below.

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements.

The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided.

It should be noted that in some instances the school may be required by the *Education (General Provisions) Act 2006* (Qld) or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.

Consent may be limited or withdrawn

Consent may be limited or withdrawn at any time by you.

If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

Media sources used

Following is a list of online and social media websites and traditional media sources where the school may publish your child's personal information or student materials subject to your consent.

- School website: https://talwoodss.eq.edu.au/
- Facebook: www.facebook.com/TalwoodSS
- YouTube:
- Instagram:
- Twitter:
- LinkedIn:
- Other:
- Local newspaper
- School newsletter
- Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact Morgan Whittaker (Principal) principal@talwoodss.eq.edu.au or 0746771333.

Morgan should be contacted if you have any questions regarding consent.

State School Consent Form

1 IDENTIFY THE PERSON TO WHOM THE CONSENT RELATES

- **Parent/carer to complete**
- **Mature/independent students may complete on their own behalf** (if under 18 a witness is required).

(a) Full name of individual: .....

(b) Date of birth: .....

(c) Name of school: ……..

(d) Name to be used in association with the person's personal information and materials* (please select):

☐ Full Name ☐ First Name ☐ No Name ☐ Other Name .....

** Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use a student's name at its discretion.*
*** For school photos Full Name will be used unless a limitation is given in Section 5 below.*

2 PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

(a) **Personal information** that may identify the person in section 1:

▸ Name (as indicated in section 1) ▸ Image/photograph ▸ School name
▸ Recording (voices and/or video) ▸ Year level

(b) **Materials** created by the person in section 1:

▸ Sound recording ▸ Artistic work ▸ Written work ▸ Video or image
▸ Software ▸ Music score ▸ Dramatic work

3 APPROVED PURPOSE

If consent is given in section 6 of the form:

- The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
  - Any activities engaged in during the ordinary course of the provision of education (including assessment), or other purposes associated with the operation and management of the school or DoE including to publicly celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.
  - Promoting the success of the person in section 1, including their academic, sporting or cultural achievements.
  - Any other activities identified in section 4(b) below.
- The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
  - the school's newsletter and/or website;
  - social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached);
  - year books/annuals and school photographs;
  - promotional/advertising materials; and
  - presentations and displays.

4 TIMEFRAME FOR CONSENT

School representative to complete.

(a) Timeframe of consent: duration of enrolment.
(b) Further identified activities not listed in the form and letter for the above timeframe:

5 LIMITATION OF CONSENT

The Individual and/or parent wishes to limit consent in the following way:

6 *CONSENT AND AGREEMENT*

▶ CONSENTER – I am (tick the applicable box):

☐ parent/carer of the identified person in section 1
☐ the identified person in section 1 (if a mature/independent student or employee including volunteers)
☐ recognised representative for the Indigenous knowledge or culture expressed by the materials

I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3.
By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials (detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.

Print name of student .....

Print name of consenter.....

Signature or mark of consenter.....

Date .....

Signature or mark of student (if applicable).....

Date .....

SPECIAL CIRCUMSTANCES

If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer or Individual student; or when the consenter is an independent student and under 18 the section below must be completed.

▶ WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read

I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications.

Print name of witness .....

Signature of witness .....

Date .....

▶ Statement by the person taking consent – when it is read

I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

1. the identified materials will be used in accordance with the State School Consent Form
2. reference to the identified person will be in the manner consented
3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the explanatory letter has been provided to the consenter.

Print name and role of person taking the consent .....

Signature of person taking the consent .....

Date .....

Privacy Notice

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information. The information will be used and disclosed by authorised school employees for the purposes outlined on the form. Student personal information collected on this form may also be used or disclosed to third parties where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal student information on this form or discuss how it has been dealt with, please contact your student's school in the first instance.

Reviewed: November 2024

Parent/Carer consent - OneSchool access to kindergarten records

Child's name	Date of Birth	

The Department of Education (DoE) collects personal information about children registered with a State School kindergarten service and their families in line with the *Education (General Provisions) Act 2006* and the Education and Care Services National Law and Education and Care National Regulations. This includes child details, records of attendance, assessment information, behaviour management, and other information. DoE will not share personal information it holds about you or your child with any other person or agency unless it has obtained your consent, or is otherwise authorised or required by law to do so.

The personal information that DoE collects about you and your child is recorded and stored in DoE's secure, web-based record management system, OneSchool, in line with DoE policy and the kindergarten service's Record Keeping and Confidentiality Policy. OneSchool is used by all State Schools across Queensland, so that one continuous record exists for each student from as early as their registration in a kindergarten program in a State School to their enrolment at any State primary or high school thereafter.

Information currently stored about you and your child on OneSchool is not automatically available to any State School. DoE's policy is to seek your consent to allow the State School at which your child enrols to access and use the OneSchool record created for your child during their kindergarten year. By consenting, you allow State School staff to use information already stored in OneSchool that is relevant to your child's continuing education.

If consent is not provided, a new OneSchool record will be created for your child when they enrol at a State School. This means it will primarily be your responsibility to transfer relevant information about your child's kindergarten education to the State School.

Please indicate below whether you consent to allowing your child's kindergarten OneSchool record to be accessed by future State Schools at which they enrol. Please then return this form to your child's kindergarten teacher.

☐ **I do consent** to my child's OneSchool information being available to authorised staff in State Schools

☐ **I do not consent** to my child's OneSchool information being available to authorised staff in State Schools

Parent/Carer name	Signature	Date