# 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, Training and Employment (DETE) (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 DETE 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

**For the purposes of this application I give consent for the following external persons:**

☐ Medical specialist Name:

☐ Therapists Name:

☐ Nurses Name:

☐ Other: (Specify here) _____

**to give DETE any and all information they hold concerning my child's:**

☐ disability/ies ☐ educational and other support needs

☐ specialised health needs ☐ development and intervention/support history.

I also understand that DETE, for the purposes of this application, may consider any information held by DETE in respect of my child, including a previous verification outcome, and that DETE may request additional information about my child and may request that my child be further assessed or verified by DETE staff.

## Part E – Signature

| | |
|---|---|
| Parent signature: | Date: |