

EXPRESSION OF INTEREST FOR STUDENT ENROLMENT (2023)

This form is an expression of interest to enrol at Ripley Valley State Secondary College. Completion of this form does not constitute enrolment into the school. An Enrolment Management Plan is in place, with a corresponding boundary catchment map. This information is available on the Queensland Government website:

<http://qgso.qld.gov.au/maps/edmap/>

Please complete the Enrolment Details below and attach the following **MANDATORY** supporting documents:

2 x Proof of residency - 1 x PRIMARY: rates notice, current signed lease agreement or unconditional sale agreement; and
1 x SECONDARY: current utility bill (gas, electricity, water, landline internet or phone connection)

Student Birth certificate – If student is not an Australian Citizen please provide the student’s overseas Passport and Visa documentation.

Parent/Carer Identification – Drivers licence, passport or 18+ Card for Parent/Carers making application.

Interstate/Private School transfer – the above documentation must also be accompanied by a Student Profile/Interstate Transfer Note provided by previous school along with most recent School Report and NAPLAN results.

I understand that my application will not be processed if the documentation that I supply is not deemed legally valid. Screenshots of documentation or documents without sufficient name and address information may not be accepted.

Supplying false or incorrect information on this form may lead to the decline or reversal of a decision of an approved enrolment.

I believe that the information I have supplied on this form is true and correct, to the best of my knowledge.

Student Details			
Family Name:			
Legal Given Name:		Preferred Name:	
Date of Birth:		Current School:	
Year Level applying for:		Gender:	
Please provide the details of all other school age (including Pre-Prep) residential siblings:			
Sibling Name:	1.	2.	3.
Current School:			
Year Level:			
Parent/Carer Details			
Parent/Carer 1		Parent/Carer 2	
Please ensure that "Parent/Carer 1" resides with the child at their principal place of residence.			
Name:	Name:		
Address:	Address:		
Phone:	Phone:		
Email:	Email:		
Signature:	Signature:		
Date:	Date:		
<p>Please complete additional details on Page 2 and 3 (if applicable) and email the completed document to administration@ripleyvalleyssc.eq.edu.au</p>			

Preliminary Student Profile

Is the student in the care of Department of Child Safety (DOCs) ?	Yes	No																								
Details:																										
Does the student have English as a second language or additional dialect (EALD) ?	Yes	No																								
Details:																										
Have they received EALD support in the past?	Yes	No																								
Details:																										
Do you wish for your child to have the opportunity to study Japanese as a Language other than English (LOTE) ?	Yes	No																								
Has the student been identified as gifted and talented ?	Yes	No																								
Details:																										
Do you intend for your child to apply for an academy or excellence program ?	Yes	No																								
Ignite Academic Excellence Program Dance Academy Football Academy eSport																										
<i>Please note:</i> Spaces in these programs are limited and entry into the academy or excellence program is via separate written application in addition to a trial, exam or audition.																										
Has the student been verified with a disability or learning difficulty ?	Yes	No																								
Details:																										
Has the student received learning support in the past?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12												
1	2	3	4	5	6	7	8	9	10	11	12															
If so, which year levels?																										
Has the student received support from a Special Education Program ?	Yes	No																								
Details:																										
Any other relevant information in relation to the welfare and support of the student?	Yes	No																								
Details:																										
Is the student currently included in any legal/custody papers? (Custody Consent Orders, DVO)	Yes	No																								
Please provide a copy of this document with your application.																										
Details:																										
Does the student have a family member currently or recently serving with the Australian Defence Forces ?	Yes	No																								
Medical History – has your student seen any of the following? (tick as appropriate and please provide details/reports)																										
Guidance Officer:	Contact Name:	Phone:																								
Speech Language Pathologist:	Contact Name:	Phone:																								
Optometrist:	Contact Name:	Phone:																								
Audiologist:	Contact Name:	Phone:																								
Paediatrician:	Contact Name:	Phone:																								
Psychologist:	Contact Name:	Phone:																								
Occupational Therapist:	Contact Name:	Phone:																								
Other (please provide details):																										