



Additional Information

Student's Name: _____ Year Level: _____

Payment of Student Accounts:

The Education Queensland OneSchool program allows for a division of payment of a student's account. The system will regard the Residing/Enrolling Parent/Carer as responsible for 100% of the account. If you have shared financial responsibility, each parent/carers will only be invoiced for the percentage they are required to contribute.

Is the residing parent/s responsible for payment of all accounts for the enrolled student?

Yes No If No, please complete the following –

Please complete this section if you wish to share financial responsibility between parents/caregivers and/or others, indicating the percentage share (eg. 40% Mother, 40% Father, 20% grandparent)

1st Student's Name: _____ Class: _____

2nd Student's Name: _____ Class: _____

Parent/Caregiver/ Other Name	Relationship to Student	Curriculum / Noncurriculum Activities	% share of costs	Signature	Date

Personal Accident Insurance:

Parent/Carers are advised that Education Queensland does not have Personal Accident Insurance Cover for students. It is a parent/carers personal responsibility as to the type and level of private insurance arranged to cover students for any accidental injury they may incur during school activities.

Review of Information:

Parent/Carers are required to advise the school of any changes to contact or living arrangements for students and to keep the school updated on student medical details. This will assist school staff in providing quality support to your child.

Student Information:

Are there any additional people who should receive copies of this student's reports? Yes No

If yes, please give name, address:

Name:	_____
Address:	_____

Student Welfare:

Is the child in the care of the Department of Child Safety? YES NO

Are there any limitations on contact between the student and a parent or another person? YES NO

(If so, please provide relevant court order documents and indicate this on page 5 of Application for Student Enrolment Form.)

Previous Learning Support Details:

Other Family Information:

Parent/Carer's Name

Signature

Date