



BELLBIRD PARK

STATE SECONDARY COLLEGE

STEAM Excellence Experience Day (SEED) Program

28 July 2026

Dear Parent/Carer

On Wednesday 16 September 2026, Bellbird Park State Secondary College will host our annual **STEAM Excellence Experience Day (SEED)**. Your child has been identified as an outstanding candidate for this program, and we are delighted to invite them to participate in this exciting learning opportunity in recognition of the strong STEAM capabilities and potential they have demonstrated.

The Bellbird Park State Secondary College STEAM Academic Excellence Program is designed to develop, extend and accelerate students' knowledge and thinking across the core academic disciplines while nurturing the skills needed to thrive in the 21st century. Through authentic learning experiences, students build creativity, collaboration, critical thinking, communication and problem-solving skills empowering them to become confident global citizens and lifelong learners.

Our SEED program has been developed using contemporary educational research and best practice in enrichment education. It provides students with a valuable introduction to our STEAM Signature Program, where they are challenged through deep learning, inquiry, innovation and real-world application. Within a rigorous, supportive and engaging learning environment, students are encouraged to explore ideas, embrace curiosity and develop the scholarly habits that underpin academic excellence.

At Bellbird Park State Secondary College, we are committed to helping every student reach their full potential. Through our STEAM pathway, we aim to inspire creative and divergent thinking while providing meaningful opportunities for students to grow, achieve and excel in an ever-changing world.

Activity details:

When	Wednesday 16 September 2026 - 9:00am - 2:30pm
Where	Bellbird Park State Secondary College 2 Alesana Drive, Bellbird Park All students must sign in at the registration table inside the main entry of the college. Upon sign in, students will move to classrooms to begin the day.
Transport	The college car park and surrounding streets will be busy in the morning and afternoon of the Experience day. Parents and carers are unable to stay on the college campus after drop off/pick up. Ensure you arrange transport for your child and ensure they know the pickup point and travel plans.
Food	Students will need to bring a water bottle, morning tea and lunch from home
What to Bring	Pen and paper
Dress code	Students must wear their current primary school uniform and hat <i>Students out of uniform on the day will not be permitted to attend</i>
Students with medical requirements	Students are to bring required medication such as inhalers and epi-pens. Students requiring medications to be taken throughout the day must provide this to the office on the day, including administering instructions. All relevant medical details will be noted for staff attending on the day.
What students will be doing	Science, Maths, Robotics & Coding Academic Challenges
Inherent risk level of the activity	Medium
Number of students attending	Maximum of 50

If you wish your child to attend the STEAM Excellence Experience Day program, please complete the permission form and return to the Administration Office or via email to Mr Lawrence Arnold by **Friday 10 September 2026**.

For further information about the STEAM Excellence Experience Day program, please contact Mr Lawrence Arnold via email larno55@eq.edu.au or the college on (07) 3819 7222.

We look forward to welcoming your child to this exciting experience!

Yours sincerely

Michael West
Executive Principal

Lawrence Arnold
Head of Academic Pathways

STEAM Excellence Experience Day (SEED) Program

(Please return to Administration Office by **Friday 10 September 2026** or email to larno55@eq.edu.au)

Privacy Notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DOE permission for the information to be disclosed.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education does not have personal accident insurance cover for students.

If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child.

Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- ☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- ☐ I give consent for my child, _____ (print child's name) of _____ (print School details), to participate in the activity detailed above.
- ☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- ☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.
- ☐ I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Student Name: _____

Student Primary School: _____

(L. Arnold)

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(Please return to Administration Office by **Friday 10 September 2026** or email to larno55@eq.edu.au)

Medical information

Privacy Statement

The Department of Education (DoE) is collecting this medical information in order to address the medical needs of students during school hours as well as during school excursions, school camps, sports and other school activities. This information will only be used by authorised employees of the department and DoE will only record, use and disclose the medical information in accordance with the confidentiality provisions at Section 426 of the Education (General Provisions) Act 2006.

It is essential that the school is advised before the first day of attendance if the student has any medical conditions. The school administration staff must be informed of any new medical conditions or a change to medical conditions as soon as they are known.

School the student needs to take routine medication during school hours, the Parent consent to administer medication at school form must be completed before school staff can administer medication. All medication must be provided in the original container with a pharmacy label providing clear instructions for administration. For emergency medication the school will also require a doctor's letter containing detailed instructions and or a signed Action Plan/Emergency Health Plan.

No known medical conditions	☐	
Medical conditions (including allergies/sensitivities), symptoms and management.		
Does the student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)?	☐ No ☐ Yes, please specify	
Emergency Contact Details (at least one emergency contact must be provided)	Name	
	Relationship	
	1st contact number	
	Name	
	Relationship	
	2nd contact number	

(L. Arnold)