

OUT OF CATCHMENT EXPRESSION OF INTEREST

This form is an expression of interest to enrol at Bellbird Park 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. Both of these can be located via our college website: <https://bellbirdparkssc.eq.edu.au/enrolments>

Places will only be available should spare capacity exist in accordance with the criteria outlined in the School Enrolment Management Plan. Out of catchment expression of interests will not be assessed before mid-late Term 4 in any given year. These applications will remain current only for the school year in which they applying to enrol. Please note that there is no guarantee of enrolment.

Please attach the following supporting documents:

- ☐ Birth certificate; and
- ☐ Passport & Visa or Australian Citizenship (if not born in Australia)
- ☐ Two (2) recent school reports
- ☐ Most recent NAPLAN results

Applicants should note that a false statement / assertion about the student's principle place of residence may amount to an offence and may be reported to police. The school Principal may repeal a decision to enrol a student in such circumstances.

Out of Catchment applications incur a \$50 non-refundable fee payable on lodgement (payment can be paid via the Qkr! App or at the College Administration).

APPLICATIONS TO BE EMAILED TO: enrolment@bellbirdparkssc.eq.edu.au

EXPRESSION OF INTEREST DETAILS						
STUDENT FULL NAME						
DATE OF BIRTH						
CURRENT SCHOOL						
YEAR LEVEL	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
YEAR OF ENROLMENT						
INDICATE IF APPLICABLE INTERESTED IN	<input type="checkbox"/> STEAM		<input type="checkbox"/> RUGBY LEAGUE ACADEMY			
	I understand that my student will be required to complete a testing/trial process. I acknowledge that my student is not guaranteed a position or entry in the program.					
PARENT/CARER NAME						
PARENT/CARER ADDRESS						
PARENT/CARER PHONE						
PARENT/CARER EMAIL						
OFFICE USE ONLY						
DATE APPLICATION RECEIVED	___ / ___ / ____					
APPLICATION STATUS	<input type="checkbox"/> ACCEPTED			<input type="checkbox"/> REJECTED		

PRELIMINARY STUDENT PROFILE

STUDENT SUPPORT DETAILS (Complete as appropriate and provide details/reports with application)					
Has the student been identified with any of the following:				Diagnosed	Verified
• Hearing Impairment				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Speech Language Impairment				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Physical Impairment				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Intellectual Disability				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Autistic Spectrum Disorder				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Vision Impairment		<input type="checkbox"/> Glasses only		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Attention Deficit Hyperactivity Disorder / Attention Deficit Disorder				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the student received learning support in the past?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Has the student received support from a Special Education Program ?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Does the student have English as a Second Language or EAL/D ?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Has the student recieved speech language support in the past?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Has the student been identified as gifted & talented ?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Does the student play a musical instrument?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Is the student in the care of Department of Child Safety - DOCS ?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
Any other relevant information in relation to the support of the student ?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details					
RECENT TESTS					
Hearing Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: __/__/__	Eye Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: __/__/__
MEDICAL HISTORY - Has your student seen any of the following?					
	CONTACT NAME		PHONE		
<input type="checkbox"/> Guidance Officer					
<input type="checkbox"/> Speech Language Pathologist					
<input type="checkbox"/> Optometrist					
<input type="checkbox"/> Audiologist					
<input type="checkbox"/> Paediatrician					
<input type="checkbox"/> Psychologist					
<input type="checkbox"/> Occupational Therapist					
<input type="checkbox"/> Physiotherapist					
Other (please specify):					

REASONS TO APPLY

Using the space below please provide details of your Special Circumstances / Reasons for applying to enrol in Bellbird Park State Secondary College.

Please attach any additional information to support this application.