**Application for fee exemption/waiver/payment plan**

**for distance education (home-based student)**

***Privacy Statement***

*The Department of Education (DoE) is collecting personal information on this form in order to be able to:*

1. *assess this application for an exemption/waiver/payment plan in relation to the payable fee for distance education pursuant to Chapter 3 of the Education (General Provisions) Act 2006 (Qld) (the Act)*
2. *communicate with the student and persons seeking an exemption/waiver/payment plan for the fees for a program, or component of a program, of distance education in relation to this application.*

*Personal information collected in this form will only be accessed by authorised staff of the school of distance education at which the student is enrolled and departmental employees. It will not be given to any other person or agency unless you have given DoE permission or DoE is authorised by law.*

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| **Part A – Student details** | | | | | | | | |
| **Surname** |  | | | **Given names** | |  | | |
| **Date of birth** | /    / | | | **Year level** | |  | | |
| **Residential address** |  | | | | | **Postcode** | |  |
| **Postal address** |  | | | | | **Postcode** | |  |
| **Telephone** |  | | | | | **Mobile** | |  |
| **Email** |  | | | | | | | |
| **Parent/carer name**  **(if relevant)** |  | | | | | | | |
| **Enrolment date**  *School of distance education use only* | /    / | | EQ ID: | | | |  | |
| **Part B – Purpose of application** | | | | | | | | |
| Request for fee exemption under section 53 of the Act  *Proceed to Part C below* | | Request for fee waiver under section 54 of the Act  *Proceed to Part D below* | | | Request to negotiate payment plan  *Proceed to Part E below* | | | |
| **Important information** – Fees for distance education are payable annually. The eligibility criteria for exemption and waiver are detailed in sections 53 and 54 of the Act respectively (<https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2006-039>). If granted, a waiver or exemption remains in force for the current school year. Subsequent waivers or exemptions may be applied for and granted. Further information regarding distance education fees is available at: [https://ppr.qed.qld.gov.au/attachment/fee-reference-table-distance-education.docx](https://ppr.mpe.qed.qld.gov.au/attachment/fee-reference-table-distance-education.docx) | | | | | | | | |
| **Part C – Fee exemption** | | | | | | | | |
| If you consider that the student is exempt from paying the fee for distance education, please indicate the relevant category of exemption. The student:  lives in a remote area as defined by section 49 of the Act. *Provide evidence of principal place of residence (e.g. utilities bill in family name).*  cannot attend a state school (other than a school of distance education) for more than 80 consecutive school days due to their state of health. *A medical certificate must be attached (see* [*Information for students with medical conditions*](https://ppr.mpe.qed.qld.gov.au/attachment/Information-for-students-with-medical-conditions.docx)*).*  has an itinerant lifestyle due to student or parental occupation, as described by section 53(2) of the Act. *Provide evidence of lifestyle (e.g. letter from employee showing work schedule).*  is suspended from a state school on a charge-related ground under section 281 of the Act.  is excluded from a state school under section 291 of the Act, or from certain state schools under section 298 of the Act, **and** would be considered to live in a remote area if the school/s from which the student is excluded were taken not to be a nearest applicable school for the definition of ‘remote area’.  is excluded from all state schools under section 298 of the Act.  has parental responsibilities which preclude regular attendance at a state school (other than a school of distance education). *Provide evidence (e.g. child’s birth certificate, Medicare card with child’s name).*  has carer responsibilities which preclude regular attendance at a state school (other than a school of distance education). *A medical certificate/other evidence confirming carer responsibilities must be attached.*  has been refused enrolment as a mature age student at a mature age state school, or the mature age student’s principal place of residence is more than 16 kilometres from the nearest mature age state school. *Provide evidence of enrolment refusal (e.g. letter from mature age state school with refusal of enrolment decision)*  is in custody in a corrective services facility. | | | | | | | | |
| *Please explain the circumstances relevant to the claim for fee exemption and list documentary evidence that is being attached in support of the application.* | | | | | | | | |
| **Part D – Fee waiver** | | | | | | | | |
| ***Payment of distance education fees may be waived, partly or entirely. Further information regarding circumstances where a fee waiver may be applicable is available at:***[*https://ppr.qed.qld.gov.au/attachment/fee-reference-table-distance-education.docx*](https://ppr.mpe.qed.qld.gov.au/attachment/fee-reference-table-distance-education.docx) | | | | | | | | |
| If applying for a waiver of the fee, please indicate the reason for the application.  Student is, or has been, enrolled in distance education and would suffer a significant educational disadvantage if unable to continue in the program, and payment of the fee would cause financial hardship to the student or their parent/carer.  Student is enrolled in distance education, and the waiver is appropriate and reasonable because exceptional circumstances exist in relation to the student. | | | | | | | | |
| *Please explain the circumstances relevant to the application for a waiver and list documentary evidence attached in support of the application. Documentation of financial hardship must include a current Health Care Card or other evidence of financial hardship.* | | | | | | | | |
| **Part E – Request to negotiate a payment plan** | | | | | | | | |
| *Please explain the circumstances relevant to the request to negotiate a payment plan and list documentary evidence attached in support of the application. Documentation of financial hardship may include a current Health Care Card or other evidence of financial hardship.* | | | | | | | | |
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| Declaration | | | | | | | | |
| I declare that the information I have given in this form is complete and correct.  **Applicant’s name:**        **Relationship to student:**        **Signature:** Date:    /    / | | | | | | | | |

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| ***To be completed by the school of distance education*** |
| Application for exemption: In accordance with section 53 of the Act, this student’s fee is:  Payable  Not payable |
| **Application for waiver**:  ***Note****: Refer applications for fee waivers for students enrolled via DE International to the Executive Director (ED), DE International. The power in section 54(1) of the Act is delegated to the ED, DE International in respect of non-citizens and non-permanent residents and their children who are enrolled via DE International.*  Inaccordance with section 54 of the Act:  Part of the fee is waived to the amount of $\_\_\_\_\_\_\_\_\_\_\_  The entire fee is waived  The waiver is not granted |
| **Application for a payment plan:** The request to negotiate a payment plan is:  Approved  Not approved  Payment plan details: |
| **Principal or delegate’s name:**  **Signature:** Date:    /    /  **Comments:** |