**Application for fee waiver for distance education (non-state school-based student)**

***Privacy Statement***

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

1. *assess whether a distance education fee should be waived, entirely or partly, pursuant to section 54 of the Education (General Provisions) Act 2006 (Qld) (the Act) for a non-state school student enrolled in a component of a program of distance education*
2. *communicate with the non-state school and school of distance education in relation to this application.*

*Personal information collected in this form will only be accessed by staff of the non-state school at which the student is enrolled, authorised staff of the school of distance education 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.*

**Fee waivers**

Fees for distance education are payable annually. The circumstances that the Director-General (or principal as delegate) must consider in deciding to waive a distance education fee are detailed in section 54 of the Act (<https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2006-039>). If granted, a waiver is applicable for that school year. Subsequent waivers may be applied for and granted.

***Non-state school principals must complete one form for each student seeking a waiver.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part A – Non-state school details** | | | | |
| **School** |  | | | |
| **School contact officer** |  | | | |
| **Email** |  | | **Telephone** |  |
| **Postal address** |  | | **Postcode** |  |
| **Part B – Student details** | | | | |
| **Surname** |  | | **Given names** |  |
| **Date of birth** | /    / | | **Year level** |  |
| **Email** |  | | | |
| **Name of school of distance education** |  | | | |
| **Enrolment date**  *School of distance education use only* | /    / | EQ ID: |  | |
| **Part C – 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) | | | | |
| Please indicate the reason for the waiver application:  Student is, or has been, enrolled in a component of a distance education program 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 a component of a distance education program, and the waiver is appropriate and reasonable because exceptional circumstances exist in relation to the student. | | | | |
| *Please explain the circumstances relevant to this application for a waiver and list documentary evidence attached to support the application. Documentation of financial hardship must include a current Health Care Card or other evidence of financial hardship.* | | | | |
| Declaration | | | | |
| I declare that the information I have given in this form is complete and correct.  **Non-state school principal’s name:**        **School:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** Date:    /    / | | | | |

|  |
| --- |
| ***To be completed by the school of distance education*** |
| In accordance with section 54 of the Act, this application for waiver is:  Approved - fees waived in full  Approved - partial waiver of fees. $\_\_\_\_ payable  Not approved  **Decision maker’s name and position:**  **Signature:** Date:    /    /  Comments: |