WOREE STATE HIGH SCHOOL
VOLUNTARY FINANCIAL CONTRIBUTION

Student’s Name: .................................................. Form: .................................

VOLUNTARY FINANCIAL CONTRIBUTION
Woree State High School is resourced by the State Government through grant funding to provide core educational service to students. Voluntary Financial Contributions are used by the school to provide enhanced educational service and to enhance resources available for student learning, recreation and comfort.

PRIVACY STATEMENT
Department of Education and Training through the school is collecting your personal information in accordance with section 5.1 of the Education (General Provisions) Act 2006 in order to administer the Student Resource Scheme in an efficient, ethical and secure manner. The information will not be given to any other person or agency unless you have given permission or the Department of Education and Training is authorised or required by law to make the disclosure.

<table>
<thead>
<tr>
<th>Student Given Names</th>
<th>Family Name</th>
<th>Year Level</th>
<th>Voluntary Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

PARENT/CARER DETAILS

<table>
<thead>
<tr>
<th>Given names &amp; SURNAME</th>
<th>Address</th>
<th>Contact Numbers</th>
<th>Home:</th>
<th>Work:</th>
<th>Mobile:</th>
<th>Fax:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARTICIPATION

I wish to make a voluntary financial contribution to WOREE STATE HIGH SCHOOL. I have read and understand the Operating Statement for the contribution and understand that this contribution is voluntary, and that the funds are to be used to enhance the instruction, administration and facilities of the school.

Please invoice me for the above amount and I will make payments in conjunction with my payment plan of school fees.

PARENT/CARER SIGNATURE: .......................................................... DATE: .................
CONSENT FORM FOR STUDENT PARTICIPATION IN CHAPLAINCY PROGRAM AT WOREE STATE HIGH SCHOOL

This school community provides a chaplaincy program endorsed by the school’s Parents and Citizens’ Association and available on a voluntary basis to all students. Information about the school’s chaplaincy program is on the school’s website. The chaplain is involved in a range of activities at this school which are free of religious or spiritual content.

Parent consent, or in some cases, the student’s consent is required for participation in specific activities with religious or spiritual content. If the principal decides that the student has the appropriate level of maturity and understanding to give informed consent, the student must sign this form themselves. Otherwise, the parent must sign the form on the student’s behalf.

Please complete the form below:

<table>
<thead>
<tr>
<th>Parent Name/s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name (in full)</td>
<td></td>
</tr>
<tr>
<td>Student Name (in full)</td>
<td></td>
</tr>
<tr>
<td>Student Name (in full)</td>
<td></td>
</tr>
</tbody>
</table>

The following voluntary student activities with religious or spiritual content require written consent:

If you DO wish to give consent for this student to participate in the above activities, please tick boxes (a) AND (b):

☐ (a) I give consent for this student to participate in activities with religious or spiritual content.

☐ (b) I understand that, where I agree that the student can participate in the chaplaincy program, this information will be passed on to the school chaplain.

OR, if you DO NOT wish to give consent for the student to participate in the above activities please tick box (c):

☐ (c) I do not give consent for the student to participate in activities with religious or spiritual content

The school newsletter and website will advise of any additional activities with religious or spiritual content in the school, prior to commencement.

Parent Signature _______________________________ Date __________

Student Signature (if appropriate) ___________________________ Date __________

Privacy Notice

The Department of Education and Training is collecting student’s personal information in order to determine student participation in the school’s Chaplaincy Program. This information will only be accessed by the school principal and, if the student is participating in the program, the school chaplain. Student’s personal information will be recorded, used and disclosed in accordance with s.426 of the Education (General Provisions) Act 2006 (Qld) and will not be given to any other person or agency unless you have given the department permission or the disclosure is otherwise required or permitted by law.