

Date:/20.....

THE KOORALBYN INTERNATIONAL SCHOOL

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APPLICATION FOR SCHOOL APPROVAL OF A PRIVATE MASTERY/STUDY PROGRAM

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Parent(s)/Carer(s): Please ensure that both parts A and B of this form are signed completed by the relevant persons and then return the fully completed form to the state of t	
PART A - To be completed by Parent(s)/Carer(s)	
Name of Student for whom this	OFFICE USE ONLY
application is being sought:	APPROVED YES NO
	Principal's
Gender: MALE FEMALE	Signature
Enrolment Type: DAY STUDENT BOARDER	
unable to offer a particular Mastery Program, or sometimes the Mastery Program the school offers is not ideal for a particular student. In such cases this Form provides an opportunity for parents/ carers and students to apply to the school to have the student released on Mastery Days (Fridays) to pursue their own private course of study. The problem with Private Mastery programs is that the school is legally required to mark any student who is not attending a 'school approved course of study' as 'absent from school'. Even acceptable absences (sickness, absent for family reasons, work experience, etc) have to be recorded. Being marked 'absent' every Friday (effectively 20% of the semester) will eventually create problems for the student (in terms of their eligibility for GCE, OP scores, etc) and it's dangerously close to the level at which schools in Queensland are required to automatically report absentees to the relevant agencies in the Police and Department of Communities. The solution is to seek to have the school 'approve' the course of study, then the student won't be marked absent from school. To approve a course of study however, the school must know many things about the proposed course including the planned educational outcomes of the program, the qualifications of the person or organisation delivering the program, how adequate supervision is being provided, what procedures are in place to ensure safety, how participation level and student outcomes are being measured and recorded, etc? I/We (the parent(s)/ carer(s) of the above named student), apply to have a Private Program in approved by the school and confirm that the above-named student will be actively engaged in the proposed Private Program every Friday (during time-tabled Mastery) for the remainder of the current school year or until further notice. I/We also hereby confirm that I/we will be personally responsible for all costs/travel/accommodation for the above named student while undertaking the private program (described herein), that I/we	
private mastery/study program.	
Name(s) of Parent(s)/ Carer(s):	
Signature(s) of Parent(s)/Carer(s):	Dated:/ 20
PART B - To be completed by the proposed Provider (i.e. the coach/teacher/instructor/organisation, etc) Name of person signing below [on behalf of the training provider defined below] can verify that the above-named student will be taught/trained/supervised by myself/this organisation every Friday (during normal school hours) for the remainder of this school year (or until further notice) and that the following information is provided in good faith for the school's consideration Name(s) of Person(s) or Organisation officially providing the training:	
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[If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual, please state the number of years of expending [If provider is an unregistered individual] [If provider is an unregistered individual is a please state the number of years of expending [If provider is a please is a	erience you have providing this type of training: Years.]
Address/Location at which the student will normally	
be taught/trained/supervised by me/us on Fridays:	
Qualification or Outcomes that the above-named student is expected to gain from the teaching/training provided:	
I/We hereby confirm that I/we will immediately contact The Kooralbyn Internal should the above-named student be absent from their training program any Frida any costs associated with the delivery of this program; that I/we will provided fee named student in this program; that I/we meet all relevant Public Liability, we requirements of the state of Queensland and that I/we will notify TKIS if any as change significantly.	ay, that to my/our knowledge TKIS will NOT be responsible for edback twice a year to TKIS about the progress of the above-orkplace safety, CCYPCG (Blue Card) and other legislative
Signature of authorised person providing these assurances on behalf of the Program-Provider:	