



STANDARD PERMISSION / DETAILS BOOKLET

▶ NB. (Make sure you have the latest version of **Adobe Reader** installed on your operating system). This document has been designed as an electronic version for your convenience.

BOOKLET INCLUDES

- Authority & Consent Form
- Availability / Non Availability for Selection Form
- Parental Consent Form
- Student Details Form
- Medical Details Form
- Project Consent Form
- Code of Conduct – Team Members
- Code of Conduct – Parents & Spectators

DETAILS

Surname :	First Name :
Date of Birth :	Gender :
School :	District :
Phone (Home) :	Phone (Parents Mobile) :
	Phone (Students Mobile) :
Email address :	
Sport :	Age Level :

▶ INSTRUCTIONS

- It is compulsory for all students / parents to complete **ALL** forms in this booklet.
- All fields with a **red** outline **MUST** be completed. Other boxes only need to be completed (where applicable).
- Please print out document.
- Sign and obtain signatures for appropriate sections. ie. Principal or (nominee), parents and students
- Scan , email , post, deliver or fax document to appropriate personnel
- Pages 10, 11 & 12 do not need to be printed out and returned (These forms are for parents/ guardian/ carer and students information)

▶ FORMS

- This fully completed document must be submitted prior to trialling . SSSC Policy states that **NO Booklet – No Trial**
- To avoid duplication this document will be passed on by the appropriate officials from one level to the next level as students progress through the representative sport program.
- Information provided in this booklet is valid to 31 December of the current year.

Date Completed : _____

School Sport South Coast

AUTHORITY & CONSENT FORM

(To share personal details and medical history)

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education and Training. (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

► Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education and Training is collecting your child's personal details (Form B6) and medical history (Form B7) in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education and Training.. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way

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► AUTHORITY AND CONSENT

- *I hereby authorise the obtaining on my behalf of such medical assistance as (name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.*
- *I consent for authorised Department of Education and Training. employees to share:*
 - *My personal details, and*
 - *The individual's personal details and medical history with relevant medical professionals in the event of accident or illness or as required by law.*

► STUDENT

Student Signature:

(Student's signature only required if 18 or over)

Date:

SIGN HERE

► PARENT / GUARDIAN

Parent / Guardian Signature:

Date:

SIGN HERE

School Sport South Coast

AVAILABILITY / NON AVAILABILITY FOR SELECTION

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

This form **MUST** be completed and given to the District manager / Official prior to the District / Regional Trial.

Availability / Non Availability for selection in a regional team is conditional upon acceptance of the following conditions.

- **Students must be available to participate for the full duration of the State Championships.**
- Students shall not make themselves available for selection in more than one summer and one winter sport (Excluding swimming, cross country and athletics) where the dates of regional or state championships may overlap for training or competition.
- Members of the regional team will be required to train outside of school hours prior to the State Championships.
- Students who accept an invitation to be a member of the regional team must agree to abide by the “Code of Conduct – Team Members and Code of Conduct – Parents & Spectators”.
- The student must genuinely want to be a member of the regional team and will only withdraw for exceptional circumstances. Withdrawal without notice or exceptional circumstances may result in exclusion from selection in any district / regional teams.
- On some occasions costs may be a prohibitive factor of availability for selection. Payment in full will need to be made at least 2 weeks prior to the State Championships. Please take this into account before making yourself available for selection. Each School Sport Coordinator has a copy of the approximate costs for all South Coast Regional school sport teams. A copy of these approximate costs can also be found on the South Coast School Sport website.

AVAILABILITY / NON AVAILABILITY FOR SELECTION

▶ PARENT / GUARDIAN

*I have read and agree to the conditions stated above. I give approval for my son/daughter to participate in the district / regional trials and Request / Do Not Request (**circle one**) that my child be considered for selection in the above-mentioned district / regional team.*

Parent Signature: _____

Date: _____

SIGN HERE

▶ STUDENTS

I wish to be considered for selection in the above named student in the district / regional team and agree to be bound by the above conditions.

Student Signature: _____

Date: _____

(Student's signature only required if 18 or over)

SIGN HERE

▶ PRINCIPAL

*I Approve / Do Not Approve (**Circle one**) of the selection of the above named student in the district / regional team and verify that the date of birth is correct.*

Principal Signature:
(or Nominee) _____

Date: _____

SIGN HERE

School Sport South Coast, as an operational unit of the Department of Education and Training., is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

School Sport South Coast

PARENTAL CONSENT FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

I accept the invitation for my son / daughterto be a South Coast Team Member and I hereby give my consent for my son/daughter to participate in any activity arranged by, or participated in by the South Coast School or any affiliated body. I hereby give my permission for him/her to use such known forms of transport, including air or coach transport, for such travelling as may be deemed necessary. I agree:

1. I understand that participation in this team is also dependent on the receipt of a signed Principal's Approval Form verifying that your son / daughter is enrolled as a student at that school and that the school is confident that your son / daughter can abide by the Code of Conduct – Team Members and that the students record of attendance and conduct are such that I recommend the student as one who merits selection.
2. I agree that, during the periods of the aforesaid competition in which my son/daughter is participating, and during such travelling and other activities as may be deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which he/she is included.
3. To meet the costs associated with participation in this activity, and accept that I may incur a cancellation fee for late notification in cancelling travel bookings.
4. I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my son/daughter participates and during such travelling and other activities as may be deemed necessary.
5. **I acknowledge that the Department of Education & Training and School Sport South Coast do not have personal accident insurance cover for students.**
6. In the event of my requesting and being given approval to arrange private accommodation for my son/daughter, I accept all the responsibilities (this includes transport to and from the playing venue each day) in relation to the interstate competitions. I also understand that whilst at the championships my son/daughter is still under the control of South Coast team officials during competition hours and any official functions connected with the interstate competition.
7. I also agree that my son/daughter is responsible for sun protection by providing his/her own hat and SPF 15+ broad spectrum sunscreen.
8. I understand that in consenting for my child to participate in this team, I will agree to assist with the School Sport South Coast billet program if called upon in the future.
9. I have read the School Sport South Coast (SSSC) – **Code of Conduct – Team Members and Code of Conduct – Parents & Spectators** understand its contents and conditions, and accept the parental responsibilities contained therein. I have also read this Code of Conduct and agree to respect and abide by these codes.

▶ AGREEMENT

I, _____ have read and understand the Code of Conduct – Team members and Code of Conduct – Parents & Spectators and agree to abide by its conditions.

**Parent / Guardian
Signature:**

Date:

SIGN HERE

Student Signature:

Date:

SIGN HERE

(Student's signature only required if 18 or over)

School Sport South Coast, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

School Sport South Coast

STUDENT DETAILS FORM

It is School Sport South Coast policy that officials' first preference of contact is directly with parents. However, in certain situations South Coast Officials may need to contact team members directly.

I, _____ (Parent / Caregiver) of _____ **give / do not give** permission for my child to be contacted directly via phone/text message by the appointed School Sport South Coast Officials in matters directly concerning the activities related to being a team member of School Sport South Coast _____ team. Pre-carnival contact may include matters relating to training prior to the championships, and for communication and risk management whilst the team is away.

Contact Phone (Parent) :	Contact Ph: (Student):
Parent Signature :	Date :

▶ PLAYER DETAILS

Surname :	First Name :
Date of Birth :	Gender :
Home Address :	Postcode :
Phone (Home) :	Phone (Students Mobile) :
Email address :	
School :	

▶ PARENT/ GUARDIAN / CARER (1)

Surname :	First Name :
Home Address : <small>(If different to player's)</small>	Postcode :
Phone (Home) :	Phone (Parents Mobile) :
Email address :	
Business Address :	Postcode :
Phone (Business):	

▶ PARENT/ GUARDIAN / CARER (2)

Surname :	First Name :
Home Address : <small>(If different to player's)</small>	Postcode :
Phone (Home) :	Phone (Mobile) :
Email address :	
Business Address :	Postcode :
Phone (Business):	

▶ CONTACT PERSON (When parent / guardian / carer cannot be contacted)

Surname :	First Name :
Home Address : <small>(If different to player's)</small>	Postcode :
Phone (Home) :	Phone (Mobile) :

▶ ANY RELEVANT FAMILY HISTORY

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School Sport South Coast

MEDICAL DETAILS FORM

Surname :	First Name :
Date of Birth :	Gender :
Sport :	Age Level :

▶ IMMUNISATION DETAILS (Please complete. List others as appropriate)

Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

List of Medication

Do you suffer from asthma ?
If Yes, list medication/s:

Are you allergic to any medication/s ?
If Yes, list medication/s:

Are you currently being treated by a medical practitioner ?
If Yes, list all current medication/s.

Details

Are you suffering from an injury or condition which is likely to be aggravated by competition?
If Yes, list details:

Medicare Card No. :

Cardholder Name (if not in name of student)

Private Health Insurance Company Name (if covered)

Private Health Insurance Membership Number

Do you have Personal Accident & Injury Insurance cover against accident/injury for competitions and associated activities (training, travel, etc.)

Personal Accident & Injury Insurance Company Name

▶ **NB.** Parents are advised that the Department of Education and Training. does not have Student Accident Insurance cover for students. Therefore, if your child is injured at school as a result of an accident or incident, all costs associated with the injury, including medical costs, are the responsibility of the child, parent or caregiver. Some incidental medical costs may be covered by Medicare. If parents have private health insurance, some costs may also be covered through the private health insurance. Any other costs would be borne by the parents.

School Sport South Coast will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.

Please list any other relevant medical history

MEDICAL AUTHORISATION

- *I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.*
- *I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.*
- *I acknowledge that the Department of Education, Training & Employment does not have Student Accident Insurance cover for students*

▶ PARENT / GUARDIAN

	Date:
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SIGN HERE

PROJECT CONSENT FORM



Queensland Government

9.0 Project Consent Form to use copyright material, image, recording or name

1 I GIVE CONSENT

On behalf of the individual identified in section 6 of this Consent Form (the **Individual**), the person or persons signing this Consent Form (the **Signatory**)* grants consent to the Department of Education and Training, (the **Department**) and to any other Department or Agency of the State Queensland (the **State**) to use, record and disclose the Individual's:

- name, image and other identifying information (**personal information**); and
- copyright material, including their written, artistic or musical works or video or sound recordings (**Individual work**).

**Note: If the Individual is under 18 years of age, the Signatory must be a parent or guardian of the Individual. The Individual must also sign if he or she is under 18 and able to give and understand the consent. If the Individual is 18 or older, the Signatory and the Individual will be the same person.*

2 FOR THE PURPOSE OF

This consent applies to any use recording or disclosure of the Individual's personal information or Individual work, in connection with the Department or State, for:

- the purposes identified in the Project Details section of this Consent Form; and
- public relations, promotion, advertising, media and commercial activities concerning the Project.

3 FOR THE DURATION OF

This consent will continue until the Individual revokes consent by providing written notification to the person nominated in Section 7 of the Project Consent Form.

Despite the above, if, at the time the Individual revokes consent, the Department or the State is using the Individual's personal information or Individual work, or the Department or the State has entered into contractual obligations in relation to that material, the consent will continue in relation to that material until the Department or the State's use is complete or until the contractual obligations come to an end.

4 I UNDERSTAND THAT

- **'Project'** means the project described in the Project Details section of this Consent Form.
- **'Use'** includes:
 - to create, make copies of or reproduce or retain in any form, including by camera, video, digital recorder, webcam, closed circuit television, mobile phone or any other device; and
 - to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet,
- in whole or in part, and to permit other persons to do so.
The Department or the State will not pay the Signatory or the Individual for giving this consent or for the use of the Individual's personal information or Individual work.
- This Consent Form revokes and replaces all previous consent forms in relation to the use of the Individual's personal information or Individual work in the Project.
- Nothing in this Consent Form limits the rights that the Department or the State reserve in relation to the use of the Individual's personal information or Individual work, copyright or other intellectual property under any other law.
- The 'Department' and the 'State' include the officers and employees of the Department and the State engaged in performing services for the Department and the State.
- This consent extends to the Department and the State:
 - disclosing the Individual's personal information and Individual work to the Department's and the State's agents, contractors and volunteers for the purpose of performing services for the Department and the State; and
 - permitting those persons to use, record and disclose such material to the same extent as the Department and the State are entitled to deal with the Individual's personal information and Individual work.

Name and description of Project:

- ▶ *Queensland School Sport Representative Sporting Teams attending District, Regional, State, Interstate, National or International Events*

Description of what is to be made, used, retained or reproduced:

Individual's copyright material Individual's name Individual's image

Description of image, copyright material, recording or other personal information:

_____ [Print]

Description of the purpose for which the personal information or individual work is required, and the medium of reproduction (e.g., paper, electronic or other form). Will it be made, used, retained or reproduced, and will it be distributed, published or communicated to the public (e.g. on the Internet)?

- ▶ *As a value add or service to parents, team photographs, action photography and DVD's may be taken by commercial photographers.*
- ▶ *Action photography of athletes, whose consent by parents has been received, may be published on the commercial photographer's website for retail sale.*
- ▶ *DVD's may be available for sale at the event or through retail sales, usually to the parents of such students.*
- ▶ *Only one commercial photographer will be contracted for each service, team photographs, action photography and DVD production for the event.*

Description of the timeframe during which the Individual's name, image or Individual work is required (e.g. Is it for one-time use? For what date or dates?):

- ▶ *May be used for the period of enrolment of the individual at the school this consent was returned. Timeframe will cover from the time of selection or otherwise in accordance with clause 3.*

Name of the departmental position/person responsible for the making, usage, storage, reproduction, distribution, publication or communication of the Individual's personal information or Individual work:

- ▶ *Manager, Queensland School Sport Unit*

Name that should be used in association with the Individual or the Individual's image or Individual work:

Full name First name only No name Other: _____ [Print]

Name of Individual

Address of Individual

Name of organisation, school or TAFE (at which the Individual is enrolled, employed, or works as a volunteer, if any)

Signature of the Individual (If over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent)

Date

/ /

SIGN HERE

Signature of the parent or guardian (if the Individual is under 18 years of age)

Date

/ /

SIGN HERE

Name of signing parent or guardian

Address of signing parent or guardian

SIGN HERE

NOTE

The Department will use its best endeavours to ensure the person signing this Consent Form is authorised to do so, but takes no responsibility for circumstances in which it is misled as to the identity or authority of a person to provide consent. If you require a copy of this signed Consent Form, or if you wish to revoke this consent, please contact the Principal of the school at which the Individual is enrolled or works.

School Sport South Coast

CODE OF CONDUCT – Team Members

This code of conduct sets out what is expected of students, parents and spectators in terms of participating in School Sport South Coast (SSSC) events, and the range of consequences for breaching the code.

▶ AS A TEAM MEMBER'S

- Take responsibility for your own conduct and performance
- Compete by the competition conditions and rules.
- Never argue with the Judge's, Referee's or Umpire's decision.
- Control your temper – no criticism by word or gesture.
- Work equally hard for yourself and your team – your team's performance will benefit and so will your own.
- Be a good sport. Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Behave in a manner that respects the rights of others.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of team officials or billeting parents is strictly forbidden.
- Going to bed at a reasonable hour will assist your own and your team's performance.
- Wearing the official team uniform at all times, as directed by team management / officials
- Check - in and check - out with team management / officials each day.
- Stay in the designated team area and support other team members during times when I am not competing
- Follow all directions of team management / officials
- Ensure that you have telephone numbers of team managers with me at all times that I am not with the team.

▶ AS A BILLET

- Stay with your assigned billeting family for the duration of the event.
- If there are problems with your billet consult with your team manager
- Be courteous.
- Social activities other than those organized or approved by team managers or host centers are not permitted.
- Advise your billets when and where you will be.
- Pay for phone calls – don't borrow money.
- If delayed unexpectedly, contact your hosts immediately.
- Respect the wishes and routine of your billeting family.
- Be responsible – you are representing your family, your school, your Region or your State.
- Bring a small gift for your billeting family or write a letter of thanks.
- Say THANK YOU – often!
- Do not consume alcohol, smoke, or use any illegal substances.

▶ AS A GUEST IN MOTELS, COLLEGES, CARAVAN PARKS & SURF CLUBS ETC.

- Check for any damage to premises on arrival and notify your team official.
- Keep your room tidy – make your own bed, help with chores.
- Do not leave the accommodation area without permission from the team manager.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Where toilets/shower/laundry facilities are away from sleeping areas, it is advisable to attend in pairs.
- Mixed sharing of rooms is not permitted.

BREACH OF THE CODE

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents' cost. School Sport South Coast Board (SSSCB) is responsible for imposing any longer term consequences.

Furthermore, SSSCB may provide a report to your school and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA).

Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA

CODE OF CONDUCT – Parent’s & Spectators

This code of conduct sets out what is expected of students, parents and spectators in terms of participating in School Sport South Coast (SSSC) events, and the range of consequences for breaching the code.

PARENT’S CODE OF CONDUCT

- Cooperate with the school to achieve the best outcomes for your child
- Support team and event officials in maintaining a safe and respectful learning environment for all students
- Maintain positive relationships with team officials regarding your child’s learning, wellbeing and conduct
- Encourage participation by your children.
- Provide a model of good sportsmanship for your child to copy.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Make any new parents feel welcome on all occasions
- Do not interfere with the conduct of any events
- Do not interfere with any billeting arrangements. Once requested, you must accept the billet allocated by the host centre
- If you consider there are problems with your child’s billet consult with the team manager
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.

SPECTATOR’S CODE OF CONDUCT

- Demonstrate appropriate social behaviour
- Remember children play for enjoyment. Don’t let your behaviour detract from their enjoyment
- Let game officials conduct events without interference
- Support skilled performances and team play with generous applause
- Demonstrate respect for opposing players and their supporters
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and text .

BREACH OF THE CODE

Team managers and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. Queensland School Sport is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely.

Parents and spectators should note that it is an offence to insult (meaning “to treat insolently or with contemptuous rudeness, to abuse”) an officer of a state educational institution - Section 333 Willful Disturbance, of the Education (General Provisions) Act 2006 (EGPA).

Parents and spectators will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA

School Sport South Coast

SCHOOLS by "NEW" DISTRICTS

BROADWATER	OCEANIC	PACIFIC RIM	HINTERLAND
SECONDARY SCHOOLS			
Benowa SHS	Elanora SHS	Beaudesert SHS	AB Paterson College
Coomababah SHS	Marymount College	Beenleigh SHS	All Saints Anglican College
Helensvale SHS	Merrimac SHS	Calvary College	Aquinas College
Keebra Park SHS	Miami SHS	Canterbury College	Assisi Catholic College
Pacific Pines SHS	Nerang SHS	Chisholm College	Australian Industry Trade Coll.
Qld Acad. of Health Sciences	PBS SHS	Emmaus College	Coomera Anglican College
Silkwood School	Robina SHS	Flagstone State Community Coll.	Emmanuel College
Southport SHS	Varsity College	Hills College	Gold Coast Christian College
Tamborine Mountain SHS		Kimberley College	Hillcrest College
Upper Coomera State College		Kooralybn International Sch.	Kings Christian College
		Livingstone Christian College	Saint Stephens College
		LORDS	Somerset College
		Ormeau Woods SHS	St Andrews Lutheran College
		Pimpama State Secondary College	St Hildas School
		Rivermount College	St Michael's College
		Shailer Park SHS	Tamborine Mountain College
		St Francis College	The Southport School
		Trinity College	Trinity Lutheran College
		Windaroo Valley SHS	
PRIMARY SCHOOLS			
Arundel SS	Broadbeach SS	Beaudesert SS	A B Paterson College
Ashmore SS	Burleigh Heads SS	Beenleigh SS	All Saints Anglican School
Beechmont SS	Caningeraba SS	Bethania Lutheran School	Assisi Catholic College
Bellevue park SS	Clover Hill SS	Calvary College	Coomera Anglican School
Benowa SS	Coolangatta SS	Canterbury College	Emmanuel College
Biggera Waters SS	Currumbin SS	Carbrook SS	Gold Coast Christian Academy
Canungra SS	Currumbin Valley SS	Cedar Creek SS	Guardian Angels School
Coomababah SS	Elanora SS	Darlington SS	Hillcrest Christian College
Coomera Rivers SS	Gilston SS	Eagleby South SS	Jubilee Primary School
Coomera Springs SS	Ingleside SS	Eagleby SS	Kings Christian College
Coomera SS	Marymount Prim. School	Edens Landing SS	Saint Stephens School
Gaven SS	Merrimac SS	Emmaus Primary School	Somerset College
Helensvale SS	Miami SS	Flagstone SS	St Andrews College
Highland Reserve SS	Mudgeeraba Creek SS	Gleneagle SS	St Brigids
Labrador SS	Mudgeeraba SS	Hills International School	St Francis Xavier School
Musgrave Hill SS	Nerang SS	Hillview SS	St Hildas School
Oxenford SS	Numinbah Valley SS	Jimboomba SS	St Kevins School
Pacific Pines SS	Palm Beach SS	Kimberley Park SS	St Vincents
Park Lake SS	Qld Independent College	Kooralybn International Sch.	The Southport School
Silkwood School	Robina SS	Livingstone Christian College	Trinity Lutheran College
Southport SS	Springbrook SS	Logan Village SS	
St Bernards SS	Tallebudgera SS	Loganholme SS	
Surfers Paradise SS	St Augustines School	Lords District School	
Tamborine Mtn SS	Varsity College	Mother Teresa Prim School	
Upper Coomera SC	William Duncan SS	Mt Warren Park SS	
	Worongary SS	Norfolk Village SS	
		Ormeau SS	
		Pimpama SS	
		Rathdowney SS	
		Rivermount College	
		Shailer Park SS	
		St Francis College	
		St Josephs Torbruk School	
		St Mary's School	
		St Matthews School	
		Tamrookum SS	
		Veresdale SS	
		Waterford SS	
		Windaroo SS	
		Woodhill SS	
		Woongoolba SS	