



BELLBIRD PARK STATE SECONDARY COLLEGE

STEAM Excellence Experience Day (SEED) Program

7 August 2025

Dear Parent/Carer

On Wednesday 10 September 2025, Bellbird Park State Secondary College is hosting the augural STEAM Excellence Experience Day (SEED) program. Your child has been identified as an excellent candidate for our SEED program. We would welcome their participation in our unique SEED program due to demonstrating excellent STEAM characteristics.

The BPSSC STEAM Academic Excellence program focuses on developing, extending and accelerating knowledge acquisition and thinking in the core academic subjects as well as developing recognised 21st century skills and global citizens. We would like the opportunity to develop your student's skills.

The SEED program has been developed based on informed research and best practice in the area of enrichment. This leads on to our STEAM program where we continue to extend and challenge individuals through deep learning and real-world application. We strive to develop lifelong learners by providing a rigorous, challenging and supportive learning environment with opportunities to participate in enrichment and extension activities. Curiosity, inquiry, creativity, and critical thinking are tools to develop the scholarly behaviours of a STEAM Signature Program learner.

Let BPSSC help your student on their enriched journey to success by providing a pathway that fosters the development of creative and divergent thinking.

Activity details:

When	Wednesday 10 September 2025 9:00am - 2:30pm
Where	Bellbird Park State Secondary College 2 Alesana Drive, Bellbird Park 4300 All students must sign in at the registration table inside the main entry of the college. Upon sign in, students will move to a classroom to begin the day.
Transport	The college car park and surrounding streets will be busy in the morning and afternoon of the Experience Day. Parents and carers are unable to stay on the college campus after drop off/pick up. Ensure you arrange transport for your child and ensure they know the pickup point and travel plans.
Food	Students will need to bring a water bottle, morning tea and lunch from home
What to Bring	Pen and paper
Dress code	Students must wear their current primary school uniform and hat <i>Students out of uniform on the day will not be permitted to attend</i>
Students with medical requirements	Students are to bring required medication such as inhalers and epi-pens. Students requiring medications to be taken throughout the day must provide this to the office on the day, including administering instructions. All relevant medical details will be noted for staff attending on the day.
What students will be doing	Science, Maths, Robotics & Coding Academic Challenges.
Inherent risk level of the activity	Medium
Number of students attending	55 - permission forms will need to be returned completed to BPSSC administration office or via email to Mr Lawrence Arnold larno55@eq.edu.au by Friday 5 September 2025

If you wish your child to attend the STEAM Excellence Experience Day program, please complete the permission form and return to the Administration Office by Friday 5 September 2025. For further information about the program, please contact Mr Lawrence Arnold via email larno55@eq.edu.au or the college on (07) 3819 7222.

Welcome aboard the train to steam ahead with the first stop being the SEED program!

Yours sincerely

Michael West
Executive Principal

Lawrence Arnold
Head of Academic Pathways

STEAM Excellence Experience Day (SEED) Program

(Please return to BPSSC Administration Office or via email by **Friday 5 September 2025**)

Privacy Notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DOE permission for the information to be disclosed.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education does not have personal accident insurance cover for students.

If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child.

Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- ☐ I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- ☐ I give consent for my child, _____ (print child's name) to participate in the STEAM Excellence Experience Day (SEED) Program as detailed above.
- ☐ In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- ☐ I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.
- ☐ I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: _____ (Please Print)

Parent/Carer Signature: _____ Date: ____/____/____

Student Name: _____

Student Primary School: _____

(L.Arnold)

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(Please return to BPSSC Administration Office or via email by **Friday 5 September 2025**)

Medical information

Privacy Statement

The Department of Education (DoE) is collecting this medical information in order to address the medical needs of students during school hours as well as during school excursions, school camps, sports and other school activities. This information will only be used by authorised employees of the department and DoE will only record, use and disclose the medical information in accordance with the confidentiality provisions at Section 426 of the Education (General Provisions) Act 2006.

It is essential that the school is advised before the first day of attendance if the student has any medical conditions. The school administration staff must be informed of any new medical conditions or a change to medical conditions as soon as they are known.

School the student needs to take routine medication during school hours, the Parent consent to administer medication at school form must be completed before school staff can administer medication. All medication must be provided in the original container with a pharmacy label providing clear instructions for administration. For emergency medication the school will also require a doctor's letter containing detailed instructions and or a signed Action Plan/Emergency Health Plan.

Any known medical conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify below	
Medical conditions (including allergies/sensitivities), symptoms and management.		
Does the student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify	
Emergency Contact Details (at least one emergency contact must be provided)	Name	
	Relationship	
	1st contact number	
	Name	
	Relationship	
	2nd contact number	

(L Arnold)