



TSA Independent Schools
YOS Lawnton (Riverview)

Enrolment Application Form

Student's Full Name	Student's Date of Birth
Professional Referral by: Name: Organisation:	Parent/s Name or Guardian/s
Student Contact Details	
Phone:	Email:
Parent / Guardian Details	Address:
Phone / Mobile:	
Email:	Suburb: Postcode:

I would like to apply to enrol in:

Year Level	Yes	No	Previous School/s in the last three years
10	<input type="checkbox"/>	<input type="checkbox"/>	1.
11	<input type="checkbox"/>	<input type="checkbox"/>	2.
12	<input type="checkbox"/>	<input type="checkbox"/>	3.
and TAFE in Schools Program	<input type="checkbox"/>	<input type="checkbox"/>	4.

Additional Information:

Type of Number	Yes	No	Number
Learner Unique Number (LUI)	<input type="checkbox"/>	<input type="checkbox"/>	
Unique Student Identifier Number (USI)	<input type="checkbox"/>	<input type="checkbox"/>	
TAFE in Schools	<input type="checkbox"/>	<input type="checkbox"/>	

What has caused you to no longer attend school?

Do you have a diagnosis, condition or situation that has made learning and/or staying at school difficult?

Area	Indicate by ticking or clicking on box	Comments
Diagnosis	<input type="checkbox"/>	
Condition	<input type="checkbox"/>	
Situation	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Why would you like to enrol at TSA Independent School?

Apart from Senior Studies, are you interested in any of the following below?

Area	YES	NO	Comments
Doing a Certificate through TAFE	<input type="checkbox"/>	<input type="checkbox"/>	
Apprenticeship / Traineeship	<input type="checkbox"/>	<input type="checkbox"/>	
Work Experience or Vocational Placement	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	
Paid Work	<input type="checkbox"/>	<input type="checkbox"/>	

Were you born in Australia?

YES	NO	If NO, in what country were you born? _____
<input type="checkbox"/>	<input type="checkbox"/>	

Gender (Please circle): Female Male Other _____

Do you identify as Aboriginal or Torres Strait Islander? (Please tick below)

Origin	YES	NO
Neither	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal and Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently receiving assistance through the School Transport Assistance Scheme?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a Go Card?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Please return the completed form in person to:

TSA Independent School
25 Endeavour Road
Riverview 4303

OR

Via post to:

PO Box 206
LAWNTON QLD 4501