

TSA INDEPENDENT SCHOOLS

Enrolment Application Form



Please complete this form:

GIVEN NAME/S		LAST NAME
<input type="text"/>		<input type="text"/>

DATE OF BIRTH (DD/MM/YYYY)	MOBILE PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	STATE
<input type="text"/>	<input type="text"/>
	POSTCODE
	<input type="text"/>

PARENT/GUARDIAN	MOBILE PHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

WERE YOU BORN IN AUSTRALIA?		GENDER (PLEASE TICK)			
YES	NO	IF NO, WHERE WERE YOU BORN?	FEMALE	MALE	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?		
<input type="checkbox"/> NEITHER	<input type="checkbox"/> ABORIGINAL	<input type="checkbox"/> TORRES STRAIT ISLANDER
<input type="checkbox"/> ABORIGINAL AND TORRES STRAIT ISLANDER		

PROFESSIONAL REFERRAL	NAME	ORGANISATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLYING TO ENROL IN:	PREVIOUS SCHOOL/S
GRADE	
YEAR	<input type="text"/>
<input type="text"/>	
TAFE IN SCHOOLS PROGRAM	
<input type="text"/>	

ADDITIONAL INFORMATION	
LEARNER UNIQUE NUMBER (LUI)	UNIQUE STUDENT IDENTIFIER NUMBER (USI)
<input type="text"/>	<input type="text"/>
TAFE IN SCHOOLS NUMBER	
<input type="text"/>	

WHAT IS IMPACTING YOUR ENGAGEMENT WITH YOUR CURRENT/PREVIOUS SCHOOL?

DO YOU HAVE A DIAGNOSIS, CONDITION OR SITUATION THAT HAS MADE LEARNING AND/OR STAYING AT SCHOOL DIFFICULT?

DIAGNOSIS	<input type="text"/>
CONDITION	<input type="text"/>
SITUATION	<input type="text"/>
OTHER	<input type="text"/>

WHY WOULD YOU LIKE TO ENROL AT TSA INDEPENDENT SCHOOL?

APART FROM SENIOR STUDIES, ARE YOU INTERESTED IN ANY OF THE FOLLOWING?

	YES	NO
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"/>

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:

LAWNTON CAMPUS:

TSA INDEPENDENT SCHOOL
27-29 LAWNTON POCKET ROAD
LAWNTON

OR VIA POST:

PO BOX 206
LAWNTON QLD 4501

OR EMAIL:

lawntoncampus@salvationarmy.org.au

RIVERVIEW CAMPUS:

TSA INDEPENDENT SCHOOL
25 ENDEAVOUR ROAD
RIVERVIEW

25 ENDEAVOUR ROAD
RIVERVIEW QLD 4303

riverviewcampus@salvationarmy.org.au