|  |  |
| --- | --- |
|  | TSA Independent School  *Campus:* Lawnton  Riverview Bundaberg  *(Please tick)* |

Expression of Interest | 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 |  |  | 1. |
| 11 |  |  | 2. |
| 12 |  |  | 3. |
| and  TAFE in Schools Program |  |  | 4. |

Additional Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Number | Yes | No | Number |
| Learner Unique Number **(LUI)** |  |  |  |
| Unique Student Identifier Number **(USI)** |  |  |  |
| TAFE in Schools |  |  |  |

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 |  |  |
| Condition |  |  |
| Situation |  |  |
| Other |  |  |

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 |  |  |  |
| Apprenticeship / Traineeship |  |  |  |
| Work Experience or Vocational Placement |  |  |  |
| Volunteering |  |  |  |
| Paid Work |  |  |  |

Were you born in Australia?

|  |  |
| --- | --- |
| YES | NO |
|  |  |

If NO, in what country were you born? \_\_\_\_\_\_\_\_\_

Gender (Please circle): Female Male Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| Origin | YES | NO |
| Neither |  |  |
| Aboriginal |  |  |
| Torres Strait Islander |  |  |
| Aboriginal and Torres Strait Islander |  |  |

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

|  |  |
| --- | --- |
| YES | NO |
|  |  |

Do you have a Go Card?

|  |  |
| --- | --- |
| YES | NO |
|  |  |

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form in person to:

TSA Independent School

27-29 Lawnton Pocket Road

Lawnton

OR

Via post to:

PO Box 206

LAWNTON QLD 4501