

TSA INDEPENDENT SCHOOL

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"/>	<input type="text"/>

ADDRESS

CAREGIVER 1	RELATIONSHIP TO STUDENT
<input type="text"/>	<input type="text"/>

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

CAREGIVER 2	RELATIONSHIP TO STUDENT
<input type="text"/>	<input type="text"/>

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

WERE YOU BORN IN AUSTRALIA?

YES NO IF NO, WHERE WERE YOU BORN?

ARE YOU AN AUSTRALIAN CITIZEN

YES NO

DO YOU SPEAK ANOTHER LANGUAGE BESIDES ENGLISH?

YES NO IF YES, WHAT LANGUAGE

ARE YOU CULTURALLY AND LINGUISTICALLY DIVERSE?

YES HOW

GENDER (PLEASE TICK)

FEMALE MALE NON-BINARY OTHER

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER?

NEITHER

ABORIGINAL

ABORIGINAL AND TORRES STRAIT ISLANDER

PROFESSIONAL REFERRAL

NAME

ORGANISATION

REFERRED TO TSA INDEPENDENT SCHOOL BY: (PLEASE TICK)

SELF

PAST STUDENT

SCHOOL GUIDANCE OFFICER

SCHOOL WEBSITE

APPLYING TO ENROL IN:

GRADE

YEAR

PREVIOUS SCHOOL/S

TAFE IN SCHOOLS PROGRAM

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

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?

	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

CAREGIVER SIGNATURE

DATE

PLEASE RETURN THE COMPLETED FORM IN PERSON TO:

LAWNTON CAMPUS:

TSA INDEPENDENT SCHOOL
27-29 LAWNTON POCKET ROAD
LAWNTON

RIVERVIEW CAMPUS:

TSA INDEPENDENT SCHOOL
25 ENDEAVOUR ROAD
RIVERVIEW

OR VIA POST:

PO BOX 206
LAWNTON QLD 4501

25 ENDEAVOUR ROAD
RIVERVIEW QLD 4303

OR EMAIL:

lawntoncampus@salvationarmy.org.au

riverviewcampus@salvationarmy.org.au