



Pine Rivers State High School

“By different ways to excellence”

EXPRESSION OF INTEREST FOR STUDENT ENROLMENT			
Student Name:		Date of Birth:	
Current School:		Gender: Male / Female (please circle)	
Entering Year Level: 7 8 9 10 11 12 (please circle)		Commencing in: 2020 / 2021 (please circle)	
ENROLMENT CATEGORY(IES) UNDER WHICH YOU WISH TO APPLY: <small>(ABLE TO APPLY FOR MULTIPLE CATEGORIES)</small>	<input type="checkbox"/> Local Catchment <input type="checkbox"/> Sibling <input type="checkbox"/> Other	EXCELLENCE PROGRAMS <input type="checkbox"/> IGNITE Year 7 <input type="checkbox"/> IGNITE Music 7 <input type="checkbox"/> IGNITE HASS (YR8&9) <input type="checkbox"/> IGNITE STEM (YR8&9)	SCHOLARSHIPS PROGRAMS (YEAR 7 ONLY) <input type="checkbox"/> Academic Scholarship <input type="checkbox"/> Sporting Scholarship <input type="checkbox"/> Cultural Scholarship Dance/Vocal <input type="checkbox"/> Cultural Scholarship Instrumental Music <input type="checkbox"/> Cultural Scholarship Visual Art

Has your child ever been enrolled at a Queensland Government State School? Yes / No (please circle)

IMPORTANT INFORMATION if previously enrolled at a Queensland State School. Student and parent details will automatically move across to high school, through OneSchool. If details are not correct at the primary school, they will transfer incorrectly to high school. Some details cannot be altered in OneSchool until your child physically attends the school. This applies to custody changes and emergency contacts. Parents are asked to ensure their details are **correct** at their child's **current** primary school **prior to enrolling at high school**. If your details are incorrect in OneSchool, you may not receive important information such as enrolment confirmation, subject selection or report cards.

1. Parent/Guardian Details: (resides with child)		2. Parent/Guardian Details (resides with child)	
Name:		Name:	
Relationship to student:		Relationship to student:	
Address:		Address:	
	P/C:		P/C:
Home phone:		Home phone:	
Mobile phone:		Mobile phone:	
Occupation:		Occupation:	
Workplace:		Workplace:	
Work phone:		Work phone:	
Email:		Email:	

Please provide details of all other school aged residential siblings:

	1	2	3
Sibling Name:			
Current School:			
Year Level:			

PLEASE NOTE: Student enrolment will only be accepted when the Application is completed in full. All applicants will require an interview, where you will be required to provide the **ORIGINAL** and one **PHOTOCOPY** of each document. **DO NOT SEND ORIGINAL DOCUMENTS WITH THIS EXPRESSION OF INTEREST APPLICATION.**



EDUCATION SUPPORT NEEDS – Learning Connections		
Student Name:	Entering Year Level: 7 8 9 10 11 12 (please circle)	
Primary School:	Primary Teacher Name:	
Educational Support Needs: (provide details in the space provided)		
Does your child have a verified disability? (if yes, documentation required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child previously received structured Learning Support? (if yes, documentation required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require English As a Second Language Dialect (EAL/D) support? (please complete EAL/D support form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Support or Special Needs Support History: (Documentation required at interview)		
Has your child received Learning Support in the Past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which areas?		
When / Duration:		
Does your child have a diagnosed medical or learning condition associated with their Learning Support needs? e.g. Dyslexia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Would you like a member of the Learning Connections team to contact you regarding your child’s support needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been diagnosed and/or verified with a disability as recognised by Education Queensland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Category:		
<input type="checkbox"/> Autistic Spectrum Disorder (ASD)	<input type="checkbox"/> Hearing Impairment (HI)	
<input type="checkbox"/> Intellectual Impairment (II)	<input type="checkbox"/> Visual Impairment (VI)	
<input type="checkbox"/> Speech Language Impairment (SLI)	<input type="checkbox"/> Physical Impairment (PI)	
Medical / Mental Health concerns:		
Request contact from Guidance Officer:		
Current Custody Order:		
Current Disciplinary action:		
Other Information:		
Notes:		

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