



OFFICE USE ONLY:	
Appointment Date :	/ / 2018
Interviewer: _____	Time: _____

EXPRESSION OF INTEREST FOR STUDENT ENROLMENT YEAR 7 - 12

Please complete a separate form for each student enrolling. Number of students enrolling? _____

Name of student: _____

Date of Birth: / /

Current School: _____

Gender: Male / Female

Entering Year Level: **7 8 9 10 11 12** (Please circle Year Level)

Commencing in: **2018**

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 & 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 <input type="checkbox"/>)		2. Parent / Guardian Details: (resides with child <input type="checkbox"/>)	
Name:		Name:	
Relationship to student:		Relationship to student:	
Address:		Address:	
	P/C:		P/C:
Home phone:		Home phone:	
Mobile phone:		Mobile phone:	
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 and copies of all required documents are returned. All applications will require an interview. DO NOT SEND ORIGINAL DOCUMENTS WITH THIS APPLICATION.

EDUCATION SUPPORT NEEDS

Student Name:		Entering Year Level:	
Primary School:		Primary Teacher Name:	
Does your child identify as ATSI? Yes / No		Is English the first language spoken at home? Yes / No	
Educational Support Needs: (provide details in the space provided)			
Does your child have an verified disability? Yes / No (If yes, provide details on additional page)			
Has your child previously received structured Learning Support? Yes / No (If yes, provide details on additional page)			

Learning Support History:

Has your child received Learning Support in the Past? Yes / No	
If yes, which areas?	<input type="checkbox"/> Literacy <input type="checkbox"/> Numeracy <input type="checkbox"/> Both
Does your child have a diagnosed medical or learning condition associated with their Learning Support needs? e.g. Dyslexia	
<input type="checkbox"/> Yes Details:	(attach reports) <input type="checkbox"/> No
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

Further information/concerns:

Special Needs Support History:

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"/> Intellectual Impairment (II)	
<input type="checkbox"/> Speech Language Impairment (SLI)	
<input type="checkbox"/> Hearing Impairment (HI)	
<input type="checkbox"/> Visual Impairment (VI)	
<input type="checkbox"/> Physical Impairment (PI)	

Further information/concerns:

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The Head of Inclusive Education will contact you shortly regarding your child's support needs.