



## One School - Two Campuses

## **Toowoomba Flexi School - Expression of Interest for Enrolment**

| Child's Legal Name:                      |             |                     |                                       |
|--|-------------|---------------------|---------------------------------------|
| Child's Preferred Name:                  |             |                     |                                       |
| Date of Birth:                           | _           |                     |                                       |
| Parent/Carer Names:                      |             |                     |                                       |
| Mobile/Home Phone:                       |             |                     |                                       |
| Residential Address:                     |             |                     |                                       |
| Email Address:                           |             |                     | · · · · · · · · · · · · · · · · · · · |
| Current Year Level:                      |             | Date Last Attended: |                                       |
| Child's Previous Schooling History (Scho | ool Name an | nd Year Level):     |                                       |
| • 2023                                   |             |                     |                                       |
| • 2022                                   |             |                     |                                       |
| • 2021                                   |             |                     |                                       |
| Name and position of the best person t   |             |                     |                                       |
| Office/Administration ONLY               |             |                     |                                       |
| ADMIN OFFICER:                           |             | DATE RECIEVED:      |                                       |
| REPORT CARD RECEIVED:                    | □ YES       | □ NO                |                                       |
| MENTAL HEALTH CARE PLAN RECEIVED:        | □ YES       | □ NO                |                                       |
| CORRESPONDENCE:                          |             |                     |                                       |
|  |             |                     |                                       |
|  |             |                     |                                       |

| Learnir | ng & Medical Details:  |  |  |  |  |
|---------|--|--|--|--|--|
| •       | Do you have a laptop? □ YES □ NO   |  |  |  |  |
|         | Require teacher aide support? $\square$ YES $\square$ NO                         |  |  |  |  |
| •       | Medical concerns? (if yes, please provide details) $\Box$ YES $\Box$ NO          |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
| Please  | select any of the relevant support personnel accessed at the most recent school: |  |  |  |  |
|         | ☐ Guidance Officer ☐ Social Worker   |  |  |  |  |
|         | ☐ Youth Worker ☐ Engagement Officer  |  |  |  |  |
|         | □ School Youth Health Nurse  |  |  |  |  |
| Please  | select any relevant learning/work programs your child has engaged in:            |  |  |  |  |
|         | □ TAFE   |  |  |  |  |
|         | □ DISCO  |  |  |  |  |
|         | □ Registered Training Organisations (RTOs)                                       |  |  |  |  |
|         | □ Other alternate Learning Programs  |  |  |  |  |
|         | □ Work Experience  |  |  |  |  |
|         | □ Employment   |  |  |  |  |
| ⊔ow di  | d you hear about the Teomoomha Flori School?                                     |  |  |  |  |
| now u   | d you hear about the Toowoomba Flexi School?  Referred from most recent school   |  |  |  |  |
|         | □ Website  |  |  |  |  |
|         | □ Social Media   |  |  |  |  |
|         | □ Friends  |  |  |  |  |
|         | □ Other:   |  |  |  |  |
|         |  |  |  |  |  |
| Please  | share any other relevant information:  |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
|         |  |  |  |  |  |
| To      | ensure your application is considered when we are completing an enrolment        |  |  |  |  |
| intak   | e, please ensure the additional documentation listed below is returned with the  |  |  |  |  |
|         | completed Expression of Interest Form.   |  |  |  |  |
|         | Copy of your child's most recent report card   Mental Health Care Plan           |  |  |  |  |
|         | (If applicable)  |  |  |  |  |

Completed Expression of Interest Forms and additional documentation can be returned in person to the Enrolments Officer at Centenary Heights State High School or via email to <a href="mailto:enrolments@centheigshs.eq.edu.au">enrolments@centheigshs.eq.edu.au</a> OR <a href="mailto:flexi">flexi</a> school@centheigshs.eq.edu.au</a>