



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 l	Last Attended:	_
Child's Previous Schooling History (Scho	ool Name ar	nd Year Level):	
• 2025			
• 2024			
Name and position of the best person			
Office/Administration ONLY			
ADMIN OFFICER:		DATE RECIEVED:	
REPORT CARD RECEIVED:	☐ YES	□ NO	
MENTAL HEALTH CARE PLAN RECEIVED:	☐ YES	□ NO	
CORRESPONDENCE:			

Learning & Medical Details:	
 Do you have a laptop? 	☐ YES ☐ NO
 Require teacher aide support? 	□ YES □ NO
 Medical concerns? (if yes, please provide deta 	ils) 🗆 YES 🗆 NO
Please select any of the relevant support personnel ac	ccessed at the most recent school:
☐ Guidance Officer	□ Social Worker
☐ Youth Worker	☐ Engagement Officer
☐ School Youth Health Nurse	
Please select any relevant learning/work programs you TAFE	
□ DISCO	
□ Registered Training Organisations (RTOs)	
Other alternate Learning Programs	
□ Employment	
How did you hear about the Toowoomba Flexi School	Ś
☐ Referred from most recent school	
☐ Website☐ Social Media	
☐ Friends	
☐ Other:	
- Onler.	
Please share any other relevant information:	
To ensure your application is considered when we are ensure the additional documentation listed below is Interest Form	returned with the completed Expression o
☐ 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 enrolments@centheigshs.eq.edu.au OR flexi_school@centheigshs.eq.edu.au