

## **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 (Schooling Histo						
Office/Administration ONLY						
ADMIN OFFICER:		DATE RECIEVED:				
REPORT CARD RECEIVED:	□ YES					
MENTAL HEALTH CARE PLAN RECEIVED:						
CORRESPONDENCE:						

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	ng & Medical Details:				
	Do you have a laptop?				
	Require teacher aide support? Medical concerns? (if yes, please provic	la dataila)	□ YES □ YES	□ NO □ NO	
•	medical concerns? (il yes, piease provic				
Please	select any of the relevant support perso	onnel accesse	d at the mo	st recent school:	
	□ Guidance Officer	Social W	orker		
	□ Youth Worker □ Engagement Officer				
	School Youth Health Nurse				
Please	select any relevant learning/work progr	ams your chil	d has engag	ged in:	
	□ TAFE				
	DISCO				
	Registered Training Organisations (I				
	□ Other alternate Learning Programs				
	Work Experience				
How di	d you hear about the Toowoomba Flexi	i School?			
	□ Referred from most recent school				
	Social Media				
	Friends				
	□ Other:				
Please	share any other relevant information:				

To ensure your application is considered when we are completing an enrolment intake, 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 enrolments@centheigshs.eq.edu.au OR flexi school@centheigshs.eq.edu.au