One School - Two Campuses

Toowoomba Flexi School - Expression of Interest for Enrolment 2027

Personal Details:

Child's Legal Name:

Child's Preferred Name: Pronouns:

Date of Birth:

Parent/Carer Names:

Phone Number:

Residential Address:

Email Address:

School Information:

Current Year Level: Date Last Attended:

Year Level Seeking Enrolment: ☐ Year 10 ☐ Year 11 ☐ Year 12

Copy of most recent report card attached? ☐ YES ☐ NO

Does your child have any learning difficulties? ☐ YES ☐ NO

If yes, detail below:

Does your child have a Personalised Learning Record (please attach)? ☐ YES ☐ NO

Will the child have a laptop? ☐ YES ☐ NO

Previous access to teacher aide support? ☐ YES ☐ NO

Child's Previous Schooling History (School Name and Year Level):

- 2026:
- 2025:
- 2024:

List the best person to contact from the most recent school and their position to obtain further details of recent schooling information:

Medical:

Does your child have any medical conditions? ☐ YES ☐ NO

If yes, list:

Does your child have an Emergency or Individual Health Plan (attach)? ☐ YES ☐ NO

Does your child have a Mental Health Care plan (attach)? ☐ YES ☐ NO

Wellbeing & Support:

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 ☐ Psychologist
☐ Beyond Broncos ☐ Clontarf

Please select any relevant learning/work programs your child has engaged in:

☐ TAFE
☐ DISCO
☐ Registered Training Organisations (RTOs)
☐ Other alternate Learning Program
☐ Work Experience
☐ Employment

Please share any other relevant information such as factors contributing to disengagement from mainstream education:

Please note: For your expression of interest to be considered in the enrolment intake, we require a complete application including all supporting documentation.
Completed applications can be returned in person to the Flexi office or via email to enrolments@centheigshs.eq.edu.au OR flexi_school@centheigshs.eq.edu.au

Office/Administration ONLY

ADMIN OFFICER: _____ DATE RECIEVED: _____

REPORT CARD RECEIVED: ☐ YES ☐ NO

MENTAL HEALTH CARE PLAN RECEIVED: ☐ YES ☐ NO

CORRESPONDENCE: _____

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