

OAKWOOD SCHOOL and FLEXIBLE LEARNING NETWORK

Expression of Interest for Enrolment

| | | | |
|------------------------|---|---------------|-------------------|
| Campus | <input type="checkbox"/> Caulfield <input type="checkbox"/> Noble Park <input type="checkbox"/> Frankston <input type="checkbox"/> Pakenham <input type="checkbox"/> Hastings <input type="checkbox"/> Rosebud <input type="checkbox"/> Mornington <input type="checkbox"/> Chelsea | | |
| STUDENT DETAILS | | | |
| Surname | | Date of Birth | -----/-----/----- |
| First Name | | Gender: | Age: |
| Home Address | | | |
| Phone Numbers | Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|------------------------------|---|-------------------------|--|
| PRIMARY CARER DETAILS | | | |
| Surname | | Relationship to Student | |
| First Name | | Phone Number | |
| Student living arrangements | <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Out of Home Care <input type="checkbox"/> Independent <input type="checkbox"/> Homeless | | |

| | | | |
|---|--|------------------|-------------------|
| REFERRAL DETAILS | | | |
| Referring Person | | Date of referral | -----/-----/----- |
| Agency | | | |
| Phone Numbers | | | |
| Email | | | |
| Nature of involvement with the young person | | | |

| | | | |
|---|--|---------------|--|
| KEY AGENCY INVOLVED WITH STUDENT | | | |
| Agency Name | | Workers role | |
| Worker Name | | Phone Number | |
| email | | Mobile Number | |

| | | | |
|--|--------|--------------|-------|
| OTHER AGENCIES INVOLVED CURRENTLY OR IN THE PAST eg DHS, CAHMS, Justice, Community Agencies | | | |
| Name of worker | Agency | Phone Number | Dates |
| | | | |
| | | | |
| | | | |

| RECENT EDUCATIONAL HISTORY | | | |
|--|------------|--|------------------|
| When did you last attend full-time school? | Month..... | Year 20 | Year Level |
| Which school were you attending? | | | |
| Which school were you attending prior to this? | | | |
| Why did you leave school? (tick all relevant boxes) | | Is the student funded under the Program for Students with Disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <input type="checkbox"/> Relationship breakdown with peers <input type="checkbox"/> Relationship breakdown with teachers/school <input type="checkbox"/> Mental Health issues <input type="checkbox"/> Bullying/Harassment <input type="checkbox"/> Physical Health Issues <input type="checkbox"/> Learning Difficulties | | <input type="checkbox"/> Pregnancy/Parenting needs <input type="checkbox"/> Family Issues <input type="checkbox"/> Relocation <input type="checkbox"/> Substance abuse issues <input type="checkbox"/> Housing/accommodation needs <input type="checkbox"/> Other | |
| Brief description of reasons for leaving school | | | |

| HOW HAVE YOU SPENT YOUR TIME SINCE LEAVING SCHOOL? | |
|--|---|
| <input type="checkbox"/> Training programs/short course <input type="checkbox"/> Looking for work <input type="checkbox"/> Working | <input type="checkbox"/> Staying at home <input type="checkbox"/> With friends <input type="checkbox"/> Other |
| Further comments: | |

| FUTURE PLANS |
|--|
| Why do you want to enrol at Oakwood School? |
| What would you like to be doing in 2 years time? |

| STUDENT AND PARENT/GUARDIAN APPROVAL | | |
|---|--|--|
| I understand that the information provided on the referral form may only be used for enrolment purposes by Oakwood staff unless otherwise authorised. | | |
| Student ticks box and signs to approve | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Parent/Guardian ticks and signs to approve | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Please return this completed form with any other additional information supporting this referral to:
The Principal, Oakwood School, 1 Camellia Avenue, Noble Park North, 3174 Tel: 9703 7400, Fax: 9703 7444
 All students will be required to attend a meeting with their parent/carer and worker to discuss this application.