

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
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STUDENT DETAILS

Surname		Date of Birth -----/-----/-----	Age:
First Name		Pronouns:	Gender:
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		
Email address:			

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 (for large information box see page 3)			

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: (for large information box see page 3)	

FUTURE PLANS
Why do you want to enrol at Oakwood School? (for large information box see page 3)
What would you like to be doing in 2 years' time? (for large information box see page 3)

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 approval:	Signature:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian approval:	Signature:	<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

Email: enrolment@oakwoodschoo.vic.edu.au

All students will be required to attend a meeting with their parent/carer and worker to discuss this application.

For any additional information - please use the text box below