

## Expression of Interest for Enrolment

<b>Campus</b>	<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		
<b>STUDENT DETAILS</b>			
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		
Student Personal Email:			

<b>PRIMARY CARER DETAILS</b>			
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:			

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

<b>KEY AGENCY INVOLVED WITH STUDENT</b>			
Agency Name		Workers role	
Worker Name		Phone Number	
email		Mobile Number	

<b>OTHER AGENCIES INVOLVED CURRENTLY OR IN THE PAST eg DHS, CAHMS, Justice, Community Agencies</b>			
Name of worker	Agency	Phone Number	Dates

**RECENT EDUCATIONAL HISTORY**

When did you last attend full-time school?	Month.....	Year 20 .....	Year Level .....
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Which school were you attending?	
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Which school were you attending prior to this?	
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Why did you leave school? (tick all relevant boxes)	Is the student funded under DIP - Disability Inclusion Program funding Yes <input type="checkbox"/> No <input type="checkbox"/>
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<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 .....
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Brief description of reasons for leaving school (for large information box see page 3)	
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**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 .....
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Further comments:  (for large information box see page 3)
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**FUTURE PLANS**

Why do you want to enrol at Oakwood School?  (for large information box see page 3)
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What would you like to be doing in 2 years' time?  (for large information box see page 3)
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**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
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Parent/Guardian approval:	Signature:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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