

ENROLMENT - EXPRESSION OF INTEREST FORM

Holy Spirit College is a registered special assistance school in Queensland. As a special assistance school, we are accredited to provide specialised education programs for relevant school-age disengaged young people who are not enrolled or attending other eligible education, training or employment options.

A relevant student

a) would not otherwise be –

- enrolled and attending school while of compulsory school age; or
- participating in an eligible option full-time, or in paid employment for at least 25 hours each week, during the compulsory participation phase; and

b) are not provisionally registered, or registered, for home education.

Is the young person considered to be a relevant student based on the above criteria? Yes No

Campus:			
Young Person Details			
Young Person Name:			
Date of Birth:		Grade:	
Residential Address:			
Details of current living situation (<i>living with family, residential care etc.</i>)			
Details of the person completing this expression of interest:			
Name:		Relationship to the Young Person:	
Contact Details:		Agency/ organisation: (<i>if applicable</i>)	
Are you the legal guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, who is the legal guardian?			
Does the legal guardian know about this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details around the young person's disengagement			
Is the young person currently enrolled at a school? If so, which school?			
How often do they attend school or if there has been a gap in their schooling what was their last known date of attendance?			

<p>Please list any previous schools the young person has attended: <i>(Including primary schools if known)</i></p>
<p>What factors do you believe are contributing to the young person's disengagement from school?</p> <p><input type="checkbox"/> Behaviour needs Details: _____</p> <p><input type="checkbox"/> Social/ Emotional Details: _____</p> <p><input type="checkbox"/> Disability needs Details: _____</p> <p><input type="checkbox"/> Other Details: _____</p>
<p>Academic History: <i>(Were they in mainstream classes, or a specialized educational program? How close to age-appropriate levels are their literacy and numeracy skills?)</i></p>
<p>Does the young person have any medical diagnosis? Or any suspected undiagnosed conditions? <i>(Include details of any medications the young person is currently taking)</i></p>
<p>Has the young person been diagnosed with a disability? If so, provide details.</p>
<p>Has the young person had any recent health or medical specialist assessments of which the school should be aware? <i>(e.g. and assessment by a speech pathologist, psychologist, pediatrician etc.)</i></p> <p><input type="checkbox"/> Yes Please provide details below and ensure a legible copy of any relevant health or medical assessment report(s) is attached</p> <p><input type="checkbox"/> No</p>
<p>Has the young person ever had a support plan or case manager at a previous school?</p> <p><input type="checkbox"/> Yes Please provide details below and ensure a legible copy of any relevant plans are attached</p> <p><input type="checkbox"/> No</p>
<p>Describe any physical, social/ emotional, and / or learning needs of the student which may impact on duty of care and / or participation in school.</p>
<p>Has the young person had any issues with their hearing or vision and / or have they had any testing recently?</p>

Connections with support agencies	
Is the young person connected with any of the following: <i>(Please list a contact person from each agency)</i>	
Child Safety	<input type="checkbox"/> _____
Youth Justice	<input type="checkbox"/> _____
Residential Care	<input type="checkbox"/> _____
Yeti	<input type="checkbox"/> _____
Transition Support	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____
Is the young person involved with or have they ever been involved with Youth Justice?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If yes, has the young person been accused of or charged with any violent or sexual offences?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

Signature:		Date:	
-------------------	--	--------------	--

The submit the following documents you may have along with your application:

- Student's Birth Certificate
- Student's Medicare card
- Copy of the Student's last school report
- School attendance history
- Any Individual Education Plans/ Personalised Learning Plans
- Behaviour Support Plan
- Safety Plan
- Health care plans
- Allied health medical assessment reports (psychologist, pediatrician, speech pathologist etc)
- Legal documents including court orders and authority to care forms
- Case management plans

Please return completed form and supporting documentation

In person:

Manoora Campus
13 Moignard Street
Manoora QLD 4870

Edmonton Campus
187-191 Bruce Highway
Edmonton QLD 4869

Cooktown Campus
Cnr Hope & Burkitt Streets
Cooktown QLD 4895

Scanned and emailed to:

office.holyspirit@cns.catholic.edu.au