YOS Independent School

Lawnton Campus

Expression of Interest | Application Form

Student's Full Name	**Student's Date of Birth**
Professional Referral by:	**Parent/s Name or Guardian/s**
Name:	
Organisation:	
Student Contact Details	
Phone:	**Email:**
Parent / Guardian Details	**Address**
Phone / Mobile:	
Email:	**Suburb** **Postcode**

I would like to apply to enrol in:

Year Level	Yes	No	Previous School/s in the last three years
10	☐	☐	1.
11	☐	☐	2.
12	☐	☐	3.
AND TAFE in Schools Program	☐	☐	4.

Additional Information:

Type of Number	Yes	No	Number
Learner Unique Number **(LUI)**	☐	☐	
Unique Student Identifier Number **(USI)**	☐	☐	
TAFE in Schools	☐	☐	

What has caused you to no longer attend school?

Do you have a diagnosis, condition or situation that has made learning and/or staying at school difficult?

Area	**Indicate by ticking or clicking on box**	**Comments**
Diagnosis	☐	
Condition	☐	
Situation	☐	
Other	☐	

Why would you like to enrol at YOS Independent School?

Apart from Senior Studies, are you interested in any of the following below?

Area	YES	NO	**Comments**
Doing a Certificate through TAFE	☐	☐	
Apprenticeship / Traineeship	☐	☐	
Work Experience or Vocational Placement	☐	☐	
Volunteering	☐	☐	
Paid Work	☐	☐	

Were you born in Australia?

YES	NO
☐	☐

If NO, what country were you born in:_____.

Do you identify as Aboriginal or Torres Strait Islander? (Please tick below)

Origin	YES	NO
Neither	☐	☐
Aboriginal	☐	☐
Torres Strait Islander	☐	☐
Aboriginal & Torres Strait Islander	☐	☐

Are you currently receiving assistance through the School Transport Assistance Scheme?

YES	NO
☐	☐

Do you have a Go Card?

YES	NO
☐	☐

Student's Signature:_____ Date: / /

Parent / Guardian Signature: _____ Date: / /

Please return completed form

In person to: OR **Via post to:** OR **Scanned and emailed to:**

YOS Independent School
Lawnton Campus
27-29 Lawnton Pocket Rd, Lawnton

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Lawnton, QLD 4501

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