



TULLAWONG STATE HIGH SCHOOL

EXPRESSION OF INTEREST ENROLMENT 2022

Please Note: This form is only an expression of interest for enrolling your child at Tullawong State High School. Submission of this form does not constitute enrolment in the school.

Please indicate your status re enrolment:

Student enrolled in a Queensland School - Origin School: _____

Interstate enrolment School Name and State: _____

International enrolment Country Born: _____ Language other than English: _____

Indigenous status (please circle): No / Aboriginal / Torres Strait Islander / Both

Sibling at Qld State School including Tullawong SHS:

Name: _____ Year Level: _____ DOB: _____

School Name: _____

Is the Student a re-enrolment? Yes / No

Reason for enrolment (relocation, suspension, cancelation, sibling etc.) _____

Year Level in 2022: _____

Student Details	Full Name (Legal)	Date of Birth	Current School & Year Level
			YR:
Parent/Caregiver Details	Full Name (s)	Home/Work Phone Number	Mobile Number
		H: W:	
		H: W:	
Address Details	Current Permanent address:		Address Documentary Evidence (Yes/No)
	Street number and name:		
	Suburb:	Postcode:	
EMAIL ADDRESS:			
Student in Care(Y/N):	Court Orders(Y/N):	Independent Student(Y/N):	

NB As the enrolling parent you will receive invoices and statements for fees relevant to your child enrolled at Tullawong State High School.

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____ Date: _____

Please attach a copy of the applicant's latest report card and a copy of the Student Profile Form below and forward to: Email: enrol@tullawongshs.eq.edu.au

Mail to: Enrolments Officer Tullawong State High School, PO Box 1129 Caboolture 4510



STUDENT PROFILE

Please complete this form and submit with the Expression of Interest for Enrolment Application

Student Name:	Year Level:
Support Program	
If you answer yes to any of the following questions please comment further in shaded space provided	
Has your child been formally assessed for Special Education Support?	(Y/N)
If yes has the student been verified?	(Y/N)
TSHS offers a variety of support for students diagnosed with an Intellectual Impairment or Autism Spectrum Disorder. Will your child be accessing this service?	(Y/N)
Does your child have any vision, hearing, speech or movement problems?	(Y/N)
Does your child have any learning difficulties?	(Y/N)
Has your child received any assistance from the Support Teacher or a teacher aide during the last two years?	(Y/N)
Has your child ever been referred to the school Guidance Officer?	(Y/N)
Has your child ever attended any agency to address behavioural/emotional difficulties?	(Y/N)
Is your child on any regular medication or do they have any serious allergies/medical conditions or Diagnosis? Please list:	(Y/N)
Programs	
(Please number preference if choosing more than one program) Please note entrance criteria	
<input type="checkbox"/> STEM Academy Program (note: Entry standards required) <input type="checkbox"/> Humanities (note: Entry standards required) <input type="checkbox"/> Enterprise Academy Program (note: Entry standards required) <input type="checkbox"/> Sports Academy Program (note: Entry standards required) <input type="checkbox"/> Creative Industries Academy Program (note: Entry standards required) <input type="checkbox"/> Rugby Development Program (Years 7,8,9) (note: Entry standards required) <input type="checkbox"/> Dance Extension Program (note: Students are required to audition)	
Getting to Know You	
1. Have you held any leadership positions? These could be either at school or elsewhere? Please provide details:	
2. Have you participated in any representative activities/teams at school? Eg Optiminds, sport.	
3. What are the concerns you have about attending High school?	
4. What are you looking forward to about High School? Likes / dislikes:	
5. What are your current subjects:	
1. _____ 2. _____ 3. _____	
4. _____ 5. _____ 6. _____	
Please list your favourite subjects:	
1. _____ 2. _____ 3. _____	