Date Received **Admin Officer**

HIGHFIELDS STATE SECONDARY COLLEGE
ENROLMENT EXPRESSION OF INTEREST

Return Form:
enrolments@highfieldsssc.eq.edu.au
OR
Highfields State Secondary College
10 Obrien Rd, Highfields QLD 4352

Year of Enrolment:		**Year Level:**	
Student Name:		**Date of Birth:**	
Current School:			
Parent/Carer Name(s):			
Primary Phone:		**Secondary Phone:**	
Email Address:			
Physical Address:			
Mailing Address:			
Siblings Currently Enrolled at Highfields SSC?			
Sibling Name:		Year Level:	
Sibling Name:		Year Level:	

Legal/Custody: ☐ No ☐ Yes *Please provide details.*

Student has previously received Guidance Officer, Social Worker, Psychologist or Chaplain support: ☐ No ☐ Yes	**Student has a history of receiving personalised learning adjustments to address an additional need (i.e. Learning difficulty):** ☐ No ☐ Yes (provide all supporting documentation prior to enrolment interview)
Child in Care: ☐ No ☐ Yes **CSO Name:** **Details:**	**Instrumental Music Program:** ☐ No ☐ Yes **Teachers Name:** **Defence Family:** ☐ No ☐ Yes

Evidence of Principal place of residence
(You must provide original documentation for the following)

Homer Owner	Rental Property	Student Living with Relative/Other Person
❑ Rates notice **OR** ❑ Unconditional house contract of sale	❑ Current rental/lease agreement	❑ Properly sworn Statutory Declaration from the student's parent/legal guardian. ❑ Properly sworn Statutory Declaration from the person/s the student will be residing with in-catchment.
❑ Copy of Utility bill (e.g. electricity, gas showing the same address and parent/legal guardian's name)		

OFFICE USE ONLY

Enrolment appointment:
Date: Time: DP:
❑ Appointment rescheduled
❑ Enrolment package ❑ Enrolment spreadsheet