

**THE AVENUE SCHOOL
Referral Form**

3.1_A4 TAS

Please refer to the TAS Privacy Collection Statement when completing this form.

Date _____

Student Details

Student Name _____ DOB _____

Address _____

Phone _____ Email _____

Parent/Guardian details (if the student is under 18)

Name _____

Relationship _____

Phone _____ Email _____

Referring party (if other than Parent/Guardian):

Name _____

School/Organisation/Agency _____

Phone _____ Email _____

Please ensure the Student Wellbeing Referral Form is also completed and attached.

Support worker details (if applicable):

Name _____

Agency _____

Phone _____ Email _____

DFFH involvement (if applicable):

Child Protection Yes/No _____ **Youth Justice** Yes/No _____

Worker Name _____ Worker Name _____

Worker Phone _____ Worker Phone _____

Worker Email _____ Worker Email _____

Educational History

Last School/RTO attended _____

Currently enrolled? Yes/No/ Unsure _____ Year level last enrolled? _____

Has your current school been notified of your application to TAS? Yes No

Key Contact Person _____

Phone _____ Email _____

