THE AVENUE SCHOOL Referral Form

 $\label{thm:please refer} \textbf{Please refer to the TAS Privacy Collection Statement when completing this form.}$

Date						
Student Details						
Student Name				DOB		
Address						
Phone	E	mail				
Parent/Guardian de	tails (if the student is und	er 18)				
Name						
Relationship						
Phone	E	mail				
Referring party (if ot	ther than Parent/Guar	rdian):				
Name						
School/Organisation						
Phone	E	mail				
Please ensure the St	tudent Wellbeing Refe	erral Form is als	o complete	d and attached.		
Support worker deta	ails (if applicable):					
Name						
Agency						
Phone	E	mail				
DFFH involvement (if a	applicable):					
Child Protection	Yes/No	Yout	h Justice	Yes/No		
Worker Name		Work	er Name			
Worker Phone		Work	er Phone			
Worker Email		Work	er Email			
Educational History						
Educational mistory						
Last School/RTO atte	ended					
Currently enrolled?	Yes/No/ Unsure		Year l	evel last enrolled	?	
Has your current school been notified of your application to TAS?					No	
Key Contact Person						
Phone		Emai				

Reason for referral:
Other Information
Aspirations/Goals
Other

Please attach copies of any relevant reports. If relevant reports are able to be provided, please complete the TAS **Information Disclosure Consent** Form.