



# Montague School

100 Montague Street, South Melbourne VIC 3205

Tel: 03 9690 3535 | Email: [montague.ec@edumail.vic.gov.au](mailto:montague.ec@edumail.vic.gov.au)

## Expression of Interest for Enrolment

STUDENT DETAILS			
Surname		Date of Birth	-----/-----/-----
First Name		Gender:	Age:
Home Address			
Phone Numbers		Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIMARY CARER DETAILS			
Surname		Relationship to Student	
First Name		Phone Number	
Student living arrangements	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Out of Home Care <input type="checkbox"/> Independent <input type="checkbox"/> Homeless		

REFERRAL DETAILS			
Referring Person		Date of referral	-----/-----/-----
Agency			
Phone Numbers			
Email			
Nature of involvement with the young person			

KEY AGENCY INVOLVED WITH STUDENT			
Agency Name		Workers role	
Worker Name		Phone Number	
email		Mobile Number	

**OTHER AGENCIES INVOLVED CURRENTLY OR IN THE PAST eg DHS, CAHMS, Justice, Community Agencies**

Name of worker	Agency	Phone Number	Dates

**RECENT EDUCATIONAL HISTORY**

When did you last attend full-time school?	Month.....	Year 20.....	Year Level.....
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Which school were you attending?

Which school were you attending prior to this?

Has the student seen a Psychologist or Speech Therapist? If yes, please state the name

Why did you leave school? (tick all relevant boxes)

Is the student funded under the Program for Students with Disabilities (PSDMS)? Yes  No

- |  |  |
|--|--|
| <input type="checkbox"/> Relationship breakdown with peers           | <input type="checkbox"/> Pregnancy/Parenting needs   |
| <input type="checkbox"/> Relationship breakdown with teachers/school | <input type="checkbox"/> Family Issues               |
| <input type="checkbox"/> Mental Health issues                        | <input type="checkbox"/> Relocation                  |
| <input type="checkbox"/> Bullying/Harassment                         | <input type="checkbox"/> Substance abuse issues      |
| <input type="checkbox"/> Physical Health Issues                      | <input type="checkbox"/> Housing/accommodation needs |
| <input type="checkbox"/> Learning Difficulties                       | <input type="checkbox"/> Other.....                  |

Brief description of reasons for leaving school

**HOW HAVE YOU SPENT YOUR TIME SINCE LEAVING SCHOOL?**

- |   |  |
|---|--|
| <input type="checkbox"/> Training programs/short course | <input type="checkbox"/> Staying at home |
| <input type="checkbox"/> Looking for work               | <input type="checkbox"/> With friends    |
| <input type="checkbox"/> Working                        | <input type="checkbox"/> Other.....      |

Further comments:

**FUTURE PLANS**

Why do you want to enrol at Montague School?

What would you like to be doing in 2 years' time?

**STUDENT AND PARENT/GUARDIAN APPROVAL**

I understand that the information provided on the referral form may only be used for enrolment purposes by Montague staff unless otherwise authorised.

Student ticks box and signs to approve

YES  NO

Parent/Guardian ticks and signs to approve

YES  NO

Please return this completed form with any other additional information supporting this referral to:  
**The Principal, Montague Continuing Education Centre, 100 Montague Street, South Melbourne, 3205. Tel: 9690 3535**  
All students will be required to attend a meeting with their parent/carer and worker to discuss this application.