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| **NEWSTEAD**  **COLLEGE**  **Flexible Learning Years 11 and 12**  **Application Form 2017**    Miss / Mrs / Ms / Mr \_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Year of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eg. Year 11 / 12 / 13)  Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Cannot be a PO Box)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_  Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_  Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Subject enrolment details*** | | |
| *Subject Code (office use only)* | *Subject title, e.g. General Mathematics 3* | *Hrs*  *e.g. 150* |
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| ***Parent / Guardian Details*** *(to be completed by dependent students)*  Name:  Postal Address:  Postcode:  Phone: Home: Work:  Mobile: | *Please give details of a person, not living at your address, who is able to contact you if necessary.*  Name:  Phone no:  *Please circle.*  This person is a:  Friend, Parent, Other relative. |

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| ***Enroller /Office use only***  Enrolment Received at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entitlement to be checked by FL NC LKP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  And student informed of outcome. Date: |
| **SUBJECT/S REQUESTED WHICH ARE NOT ON CURRENT LIST:** |

***There are further questions on the back of this form. Your signature is also needed on the back, please. ☞***

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| Where are you enrolled as a daytime, on campus student? ................................ |

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| ***Course Planning***  Are you studying flexibly to gain your TCE Tasmanian Certificate of Education? Yes **🞎** No **🞎** *(Please tick a box)*  What is your work/career/study pathway after completing flexible study?        Are you aiming to enter university? Yes **🞎** No **🞎** *(Please tick a box)*  Proposed University Course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Are you:***  🞏 applying for, or do you receive, Youth Allowance / Austudy / Abstudy / P.E.S.? *Please circle which one.*  🞏 applying for, or do you receive, Student Assistance (STAS)? |

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| ***Do you have access to:***   * a computer or other device suitable for study? * a camera? * a calculator? | * internet access? * a printer/scanner? |
| *Your teachers will assume that you have access to a computer and the internet, and that you will be able to communicate online with them.* ***Please let your teacher know if this is not the case.*** | |

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| ***Please tick or cross.***   * I am aware of the conditions that apply if I study with Flexible Learning: in particular that my enrolment in a subject will be cancelled if I regularly fail to meet deadlines, or to contact my teachers. * I take place in all classes as required, including online classes. * I will notify my “home” school/college and subject teachers of any address or phone number changes. * **I have been made aware that levies will not be refunded if I decide to discontinue a course, or if my enrolment is terminated.**   *Signed: Date:*  *Thank you for your time in filling out this application form.* |