



everyone's family

Learning for Life Referral Form

1. Referring School Details (* Mandatory Information to be completed)			
Name of School*:	Weir State School	Referral Date*:	/ /
Key Contact Person*:	Melinda Thompson	Telephone*:	07 4726 1333

2. Applicant Details – Primary Carer e.g. Parent/Carer (* Mandatory Information to be completed)			
Full Name*:			
Street Address*		Contact Details* Tel*	
Suburb*:		Alternate phone (mobile):	
State*:		P/code*:	Email Address:

3. Participant Applicant Details (Child/ren)				
Student Name*	Gender*	Date of Birth*	Year Level*	Attendance rate (e.g. Absences last semester; Attendance %; or attach school report)
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		

4. Eligibility Criteria*
<input type="checkbox"/> Parent/Carer in possession of Health Care Card or Pension Concession Card; <input type="checkbox"/> Parent/Carer have responsibility for a child/children regularly attending school; <input type="checkbox"/> Student(s) attend a Partner School. <input type="checkbox"/> Student(s) in a Primary School year <p>If any of the above criteria are not met, please complete section 6 below outlining why the application should still be considered for approval.</p>

5. Consent to Obtain / Provide Information*
<p>I, _____ hereby give permission to (Name of Parent/Carer)</p> <p>_____ (Name of School)</p> <p>to provide The Smith Family with this information to enable them to process this referral. This includes consent to provide attendance data and/or copy of the student's latest school report.</p> <p>_____ Signature of Parent/Carer (applicant) Date</p> <p>_____ Signature of Referrer (school representative) Date</p>

6. Additional Information (Use the back of the form if more space is required).	7. Return this form to:
<p>Please add any additional information to support this referral (e.g. education related achievements/awards/merits; extenuating circumstances impacting attendance – health and disability, bereavement):</p> <p>Special eligibility considerations (if any):</p> <p>Do the family require additional support to participate in the recruitment interview? (Interpreter etc.)</p>	<p>Kym Wiley Family Partnerships Coordinator Townville</p> <p>Mob: 0427 225 540 Ph: 07 4775 7183 kym.wiley@thesmithfamily.com.au</p>