

## Collingwood Park State Secondary College Expression of Interest

## **Expression of Interest**

| Please note that Collingwood Park State Secondary College is a catchment managed school |        |        |             |                     |                                |                |
|---|--------|--------|-------------|---------------------|--------------------------------|----------------|
| STUDENT DETAILS   |        |        |             |                     |                                |                |
| Student Name:   |        |        |             |                     | Date of Birth:                 |                |
| Student Name.   |        |        |             |                     | Date of Birth.                 |                |
| Gender:   | Male   | Female |             |                     | Current/ Previous School:      | :              |
| EOI for Year  | Level: | Year 7 | Year 8      | Year 9<br>2026 ONLY | CPSSC Enrolment Year (e.g. 202 | 26):           |
| ARE YOU IN CATCHMENT?   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
| YES – continue to additional information section  |        |        |             |                     |                                |                |
| NO – please provide your reason for applying out of catchment                           |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
| ADDITIONAL INFORMATION  |        |        |             |                     |                                |                |
| Is your student under the care of the Department of Child Safety:                       |        |        |             |                     |                                |                |
|   | NO     | YES    | If yes, ple | ease select         | <b>Short Term Care</b>         | Long Term Care |
| Door your student require additional learning/medical assistance                        |        |        |             |                     |                                |                |
| Does your student require additional learning/ medical assistance:                      |        |        |             |                     |                                |                |
| NO YES  |        |        |             |                     |                                |                |
| If yes, please provide details:   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     |                                |                |
| PARENT/ GUARDIAN CONTACT DETAILS  |        |        |             |                     |                                |                |
| Name:   |        |        |             |                     | Relationship to Student:       |                |
|   |        |        |             |                     |                                |                |
| Address:  |        |        |             |                     | Mobile Phone:                  |                |
|   |        |        |             |                     |                                |                |
|   |        |        |             |                     | Home Phone:                    |                |
| Email:  |        |        |             |                     |                                |                |
| PARENTS AND CITIZENS ASSOCIATION (P&C)  |        |        |             |                     |                                |                |
| I am interested in volunteering for the Parents and Citizens Association Yes No         |        |        |             |                     |                                |                |
| . a.i. interested in verdice in great the Farente and Oldzene / 16500lation             |        |        |             |                     |                                |                |

## **NEXT STEPS**

- To verify that you are in catchment you will be contacted to request copies of 2 proof of residence documents, which show your name and current address. These could be:
  - o Rates bill or lease agreement
  - Electricity bill
  - Utilities bill
  - o Driver's Licence (front and back)
  - Health card
- Once your in catchment status is verified or your reason for applying out of catchment is approved, you will:
  - Be sent an email with the enrolment application to be completed
  - An enrolment interview will be scheduled for you to attend with your student
- You may be required to provide the below documents on request when your student's enrolment is confirmed:
  - Your child's birth certificate
  - Australian Citizenship Certificate (if applicable)
  - Passport / Visa (if applicable)
  - o Family Law documentation (if applicable)
  - Medical documentation (if applicable)
  - All reports and documentation for Inclusive support (if applicable)

Please email this completed form to <a href="mailto:enrolments@collingwoodparkssc.eq.edu.au">enrolments@collingwoodparkssc.eq.edu.au</a>
<a href="mailto:OR">OR</a>

Drop in a printed copy to our Administration Office (Opening hours: Monday-Thursday 8am-4pm and Friday 8am-3:30pm)

Thank you for your interest in enrolling at Collingwood Park State Secondary College

We will be in contact shortly

