

APPLICANT DETAILS

Name

COURSE DETAILS

Course (e.g. ACC5205)

Course Name

Semester

Year

Mode

PARENT/GUARDIAN PERMISSIONS

I accept the Head Start policies, including the provision of Internet access, and I agree to my son/daughter's involvement in the USQ Head Start program for the course listed or subsequently advised.

Parent/Guardian

Title

First Name

Last Name

Telephone

Email

Address

Parent/Guardian signature

Date

SCHOOL APPROVAL *(SCHOOL TO COMPLETE THIS SECTION)*

Each high school must nominate a coordinator/mentor for the student/s studying the Head Start program.

This staff member will provide care and support for their student/s enrolled in the program and will monitor their progress.

Please attach a copy of your latest Report Card

Name of School

Year attending in **20**

Yr 10

Yr 11

Yr 12

Learning Unique Identifier (LUI)

Coordinator

Title

First Name

Last Name

Position

Telephone

Fax

Email

School Coordinator signature

Date

HOME EDUCATION VERIFICATION *(TO BE COMPLETED IF BEING HOME SCHOOLED)*

I accept the Head Start policies, including the provision of Internet access, and I agree to my son/daughter's involvement in the USQ Head Start program for the course listed or subsequently advised.

Year attending in **20** Yr 10 Yr 11 Yr 12

Learning Unique Identifier (LUI)

Authorised person Title First Name Last Name

Position

Telephone Email

Address

Authorised person's signature

Date

Upload completed forms to your application by logging in to your account at apply.usq.edu.au