

Form 4: Parent, Guardian or Independent Student Form



Section A: Parent/Guardian/Independent Student Form for a student's approval to enrol at DOTS

Student Details:

Name:		Address:
Gender:		
DOB:	Age:	
Year Level:		
<input type="checkbox"/> Parent/ <input type="checkbox"/> Guardian Name:		Phone:

Has the student been enrolled at DOTS previously?	Yes or No
Does the student have sibling/s enrolled at DOTS?	Details:

Please indicate the student's previous school/s.	
How long has the student been enrolled at this current school/s?	
Contact person from the student's previous school.	Name: Role: Phone:
Detail the support that has been provided by the student's previous school.	
The student's previous school is aware of this application for approval and enrolment at DOTS.	Yes or No

Reasons for Enrolment:

Please outline the reasons for the student's enrolment at DOTS	
How will the student's learning be more effective by enrolling at DOTS?	
When do you expect the student to return to a mainstream school or other educational setting?	

All information obtained by DOTS are dealt with in accordance with the DEECD policies & procedures regarding privacy and record keeping.

Please return form to:
Phoenix P-12 Community College
Hertford Street, Sebastopol, 3356

Email to: Deanne.Joosten@education.vic.gov.au
Fax: Attention: DOTS Coordinator
Fax: 5335 7582

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Please provide details of any relevant legal information regarding court orders. E.g. access or custody (hard copies to be provided with application)	
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Section B: Endorse the enrolment

I endorse a full enrolment with DOTS.	Yes Or No
I endorse a shared enrolment with DOTS and an appropriate school.	Yes Or No
I can ensure a suitable study workspace for this student.	Yes Or No
I am committed to supporting this student's learning program whilst enrolled at DOTS	Yes Or No
I am committed to supporting this student to access regular counseling or therapy if applying for approval and enrolment at DOTS for social or emotional reasons.	Yes Or No
I endorse this student's enrolment at DOTS.	Yes or No

Parent/Guardian/Independent Student Signature:
Print Name:
Date:
Address:
Phone:

NOTE: Regional approval is required prior to the beginning of each school year semester.

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