University of Southern Queensland

HEAD START PROGRAM

Application Approval Form

Please type text where possible

APPLICANT DETAILS

Name

COURSE DETAILS

Course (e.g. ACC5205)

Course Name

Teaching Period

Year

Mode

Does your course contain a Mandatory Practical (residential school)?

PARENT/GUARDIAN PERMISSIONS

I have viewed the courses containing Mandatory Practical classes on-campus and understand this requirement. ☐

I accept the Head Start policies, including the provision of Internet access, and I agree to my son/daughter's involvement in the UniSQ 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 (eg: Careers or Guidance Officer). This staff member is expected to provide study support for their student/s enrolled in the program, monitor their progress and will be the contact point for any UniSQ communication for the student/s listed. Please be aware we can only communicate with the staff member listed on a student/s application.

I have viewed the courses containing Mandatory Practical classes on-campus and understand this requirement.* ☐

*** UniSQ will select and enrol successful applicants on their behalf based on location and availability.**

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 UniSQ 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**