**Edmund Rice Flexi School – Elizabeth Campus and Davoren Park Campus**

**Expression of Interest Form 2022**

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| **Criteria:**  To be considered for Edmund Rice Flexi School – Elizabeth Campus, young people must meet the following criteria: | | | | | |
| Not attending school  Live in Northern Adelaide (priority areas: City of Playford or City of Salisbury)  Not eligible for a special class placement  Not exhibiting extreme violence or mental health | | | | | |
| **Referring Agency/School Information:** | | | | | |
| Referring Agency/School: | | | | Date: | |
| Contact Name: | | | | Email: | |
| Position | | | | Contact No: | |
| Address: | | | | | |
| **Student Information:** | | | | | |
| First Name:  Preferred Name: | | | Surname: | | |
| Home Address | | | | | |
| Mobile # | | | Email address | | |
| Date of Birth: | | | Gender: Male Female Non identified | | |
| Does the young person identify as Aboriginal YES NO | | Identify as a Torres Strait Islander YES NO  Is the student under guardianship YES NO | | | Have a disability YES NO |
| **School Information:** | | | | | |
| Last school of enrolment: | | | Highest Year level: (if known) | | |
| Year level 2021: | | | Year level 2022: | | |
| School History:  (including schools attended and level of success) | | | | | |
| Reason for referral: | | | | | |
| Has this program option been discussed with the young person’s parent or carer? | | | | | |
| **Parent/ Carer Details:** | | | | | |
| First Name: | | | | Last Name | |
| Relationship to referred young person | | | | Contact No: | |
| Email Address: |  | | | | |
| Address: | | | | | |

**Forward completed referral to: enrolments.erfselizabeth@ereafsn.edu.au**