

# OPERATION NEWSTART



## APPLICATION FORM

Postal Address: Travancore School  
50 Flemington Street , Flemington Vic 3031  
Attention: Karen Cull, Business Manager  
Ph: 9345 6053 Fax: 9345 6052

### CLIENT/STUDENT DETAILS

Name: \_\_\_\_\_ Male ( ) Female ( )

Address: \_\_\_\_\_

\_\_\_\_\_ P/C: \_\_\_\_\_ Phone: \_\_\_\_\_

Lives with: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NOTE: Students **MUST** be aged between 14 & 18

School: \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Teacher: \_\_\_\_\_

Year Level: \_\_\_\_\_ Year Level Co-ordinator: \_\_\_\_\_

Applicant's SWC: \_\_\_\_\_

The following information is required for Regional records and should be completed **accurately**:

- Is the student currently attending school? \_\_\_\_\_
- If not, when was the student's last day of attendance? \_\_\_\_\_
- The number of days absent in **previous 20 weeks (TWO TERMS)** schooling \_\_\_\_\_
- The number of days suspended in **previous 20 weeks (TWO TERMS)** schooling \_\_\_\_\_
- Has the student been expelled from a school? \_\_\_\_\_
- If yes, name/s of school/s and date/s of expulsion/s: \_\_\_\_\_

NAME OF REFERRING PERSON: \_\_\_\_\_

POSITION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

