



Please refer to the [Application Procedure for Tasmanian eSchool](#) document before completing the application form.

Tasmanian eSchool Application Form

Personal Information

Student Name: _____

School: _____ ED ID: _____

Date of Birth: _____ Age: _____ Year Level: _____

Student's address: _____

Parent/Guardian Names: _____

Parent/Guardian contact number/s: _____

Parent/Guardian email: _____

Student's contact number: _____

Reason for Application

Medical

Psychological

Other

Pregnancy (doctors certificate indicating due date is required)

Isolation

Distance from nearest school: _____ Distance from nearest school bus stop: _____

Travel

Expected date of departure: _____ Expected date of return: _____

Address outside Tasmania (if known): _____

Supporting Documentation

Please ensure that the following documentation is attached to this application:

- Learning Plan
- Student History Report
- Relevant supporting documentation (medical/psychological reports, travel details etc.)

Medical/Psychological Information

Applications under the medical (psychological/other) criteria, please provide a brief outline of medical condition and/or diagnoses and how an enrolment at Tasmanian eSchool will benefit the young person.

The following information to be completed by base school:

SUPPORTING PROFESSIONALS	DETAILS OF INVOLVEMENT
<input type="checkbox"/> Inclusive Practice Team (IPT) <ul style="list-style-type: none"> • Coach name: 	
<input type="checkbox"/> Professional Support Staff <ul style="list-style-type: none"> • School Psychologist: • Social Worker: • Speech & Language Pathologist: 	
<input type="checkbox"/> Interagency Student Support <ul style="list-style-type: none"> • Safe Homes Safe Families: • Student Wellbeing: • Youth Court Officers: 	
<input type="checkbox"/> School Health Nurse:	
<input type="checkbox"/> School Support Staff <ul style="list-style-type: none"> • Aboriginal Education Worker: • EAL Teacher: • Support Teacher: • Other - provide details: 	
<input type="checkbox"/> External Agencies including NDIS (if applicable) e.g. Anglicare, Headspace, CAMHS	

CONFIDENTIALITY STATEMENT

Access to information about the support needs of children/students and their families is restricted to authorised staff members according to Department *for* Education, Children and Young People policies and procedures. Student information is kept confidential, in accordance with the relevant professional codes of conduct and information from this only provided to external organisations or individuals, where authorised by the parent (or young person for independent students), or legislative requirements (e.g. Mandatory Reporting) to protect the best interest of the child.

Information is stored until the child turns at least 25 years, and student files are archived according to the State legislative requirements. Students accessing speech and language pathology services will have an electronic file that is accessible via the DECYP intranet, and this portal is password protected. Further information is available from Learning Services.

SCHOOL ENDORSEMENT ***required***

Approval by School Support & Wellbeing Team (SSWT) Lead

SSWT Lead Name: _____

Signature: _____

Date: _____

Approval by School Principal

I understand that if the application is successful:

- Tasmanian eSchool will make contact with school and/or family to complete application.
- The enrolling school is to take shared responsibility for student's future pathway and all enrolments will be reviewed on a 6 monthly basis.

Principal Name: _____

Signature: _____

Date: _____

Please email completed form to the relevant region's Learning Service:

Learning Services Northern Region: learning.services.nr@decyp.tas.gov.au

Learning Services Southern Region: learning.services.s@decyp.tas.gov.au