

### APPLICANT DETAILS

Name

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### COURSE DETAILS

Course (e.g. ACC5205)

Course Name

Teaching Period

Year

Mode

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### PARENT/GUARDIAN PERMISSIONS

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

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### 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.

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

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## 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

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Upload completed forms to your application by logging in to your account at [apply.usq.edu.au](https://apply.usq.edu.au)