

### APPLICANT DETAILS

Name

---

### COURSE DETAILS

Course (e.g. ACC5205)

Course Name

Semester

Year

Mode

---

### 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 USQ 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.

This staff member will provide care and support for their student/s enrolled in the program and will monitor their progress.

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 USQ 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](https://apply.usq.edu.au)