



STUDENT REFERRAL TO HORIZONS COLLEGE

REFERRER'S DETAILS

Referrer's Name:

Agency/Organisation:

Phone Number:

Email:

Relationship to Young Person: Date:

Reasons for referring (Please include details about learning challenges, social/emotional issues that may be impacting on their ability to engage in learning at a mainstream school):

DETAILS OF YOUNG PERSON BEING REFERRED

(Must be completed) I have been given consent by the young person above, to share their information with Horizons College

Yes No

Name:

Date of Birth: Male Female

Address:

Home Phone: Mobile:

Australian Citizen Permanent Resident Humanitarian Entrant

School Attended:

Year Level: Date of last school attendance:

Is the young person's parent/carer aware of this referral?

Yes No

I grant permission for the aforementioned student's personal information to be provided to Horizons College.

Parent/Guardian Name:

Phone Number:

Parent/Guardian Signature:

Please email referrals to: admin@horizonscollege.qld.edu.au or fax to 5428 0456