



St Joseph's

A school for every journey
in the Edmund Rice tradition

REFERRAL INFORMATION	REFERRAL DATE:
YOUNG PERSON NAME:	CONTACT NO:
PRONOUNS:	DATE OF BIRTH / AGE:
IS THE YOUNG PERSON OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?	<input type="checkbox"/> NO <input type="checkbox"/> YES, TORRES STRAIT ISLANDER <input type="checkbox"/> YES, ABORIGINAL <input type="checkbox"/> YES, BOTH ABORIGINAL OR TORRES STRAIT ISLANDER
PERSON REFERRING:	CONTACT NO:

PARENT/ GUARDIAN/ CARER:	CONTACT NO:
FAMILY ORDERS/ OUT OF HOME CARE	YES / NO
LIVING ARRANGEMENTS:	

PREVIOUS SCHOOL:	YEAR LEVEL:
CONTACT PERSON:	CONTACT NO:
REASON FOR LEAVING:	



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MEDICAL INFORMATION

MEDICAL CONDITIONS:

MENTAL HEALTH CHALLENGES:

AOD (Alcohol or other Drug) use:

BEHAVIOURAL CHALLENGES:

OTHER SERVICES INVOLVED

DFFH:

YES / NO

CONTACT DETAILS:

YOUTH JUSTICE:

YES / NO

CONTACT DETAILS:

MENTAL HEALTH SERVICE: YES / NO

CONTACT DETAILS:

OTHER:

YES / NO

CONTACT DETAILS:



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OTHER:

Please send enrolment referrals to your preferred campus:

Ballarat referrals to ballarat@stjosephs.vic.edu.au

Colac referrals to colac.enrolments@stjosephs.vic.edu.au

Geelong referrals to geelong.enrolments@stjosephs.vic.edu.au

North Melbourne referrals to nm.enrolment@stjosephs.vic.edu.au

OFFICE USE ONLY

DATE	ACTION	OUTCOME