



The Gateway School

Referral Form

Referral Details

Date of Referral:			
Referring Persons Name:			
	<i>First</i>	<i>Last</i>	
Agency (if Applicable):			
Phone:			
	<i>Area Code</i>	<i>Phone Number</i>	
E-Mail:			

Students Details

Student Name:					
	<i>First</i>	<i>Last</i>			
Age:		Date of Birth:			
Gender:					
Student Phone Number:					
Mobile Number:					
Street Address:					
Street Address 2:					
City:		State:		Post Code:	

Checkbox

Indigenous Australian / Torres Strait Islander	YES	NO
Young Mother / Pregnant	YES	NO

Social Worker / Case Manager (If Applicable)

Agency Name:	
Worker Name / Title:	
Agency Phone Number:	
Position / Role:	
Agency Mobile Number	
Agency E-mail:	
DHS Involvement (Protective/Youth Justice)	
Contact Person:	

Student and or Parent / Guardian Approval

Name of Student:	
Student Approval:	
Name of Parent / Guardian:	
Parent / Guardian Approval:	

Staff Contact

Campus Leader:	Justin Matt matt.justin.j@edumail.vic.gov.au
Phone:	0475 836 988
Social Worker / Intake Worker:	Michelle Smith smith.michelle.m@edumail.vic.gov.au
Phone:	0475 836 989