



St Paul's Lutheran Primary School Caboolture

ABN 30 085 586 784

Application for Enrolment

STUDENT INFORMATION

(A separate form must be submitted for each child).

Legal Surname: _____

Male Female (Please tick)

Given Names: _____

Date of Birth: ____ / ____ / ____

• **Please attach a copy of your child's Birth Certificate.**

Residential Address: _____

Religious Affiliation: _____

Questions marked with # indicate information required by the Federal Government.

Is the student of Aboriginal or Torres Strait Islander origin? (Please tick one)

No Yes, Aboriginal Torres Strait Islander Yes, Both Aboriginal & Torres Strait Islander

In which country was the student born? Australia Other (Please specify): _____

Is the student a permanent resident of Australia? Yes No

Naturalised citizens of Australia (Please attach a copy of certificate) Date citizenship obtained: _____

Temporary resident of Australia Yes No

Visa Details (a copy of the visa **must be attached**)

Visa No.: _____ Visa Type: _____ Visa Sub-class: _____

Arrival Date: _____ Issue Date: _____ Expiry Date: _____

Does your student speak a language other than English at home? (Please tick. If more than one language is spoken at home, indicate the one that is spoken most often)

No, English only Yes (Please specify): _____ If Yes, does the student speak English? Yes No

EDUCATION HISTORY

Proposed Year of Entry: 20____ Term: _____ Proposed Year Level: _____

Previous schools attended: (Please **include previous Preschool, Daycare, Kindergarten or other Primary Schools**)

Name of Current School / Kindergarten	Year Level	Years of Attendance	Class Reports Attached	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

• **Please attach a copy of your child's most recent school report, and a copy of their NAPLAN results (if applicable).**

Has your child ever been expelled, suspended or refused admission to another school? Yes No

Has your child ever repeated a year? Yes No

Has your child ever received learning support? Yes No

If Yes to any of the above three questions, please give details. If Yes to receiving learning support, please also complete the "Meeting your Child's Learning Needs" Form.

Details: _____

CUSTODY ORDERS

Are there any Custody Orders or access restrictions in place? Yes No N/A (please circle)

If YES, please give details _____

Please attach a copy of supporting legal documentation.

FAMILY INFORMATION

Mother / Guardian's Details

Title: <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other		Mother / Guardian's Surname:	
Christian Name/s:		Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
Residential Address:			
Suburb / City:		Postcode:	
Postal Address:			
Occupation:		Contacts: Home: _____ Mobile: _____	
Employer:		Work: _____	
Religious Affiliation:		Email: _____	
# Does the Mother / Guardian speak a language other than English at home? <input type="checkbox"/> No (English Only) <input type="checkbox"/> Yes (Please specify) _____			
# What is the highest year of Primary or Secondary School the Mother / Guardian has completed? (tick one) <small>(For persons who have never attended school, mark 'Year 9 or equivalent or below')</small> <input type="checkbox"/> Year 12 or Equivalent <input type="checkbox"/> Year 11 or Equivalent <input type="checkbox"/> Year 10 or Equivalent <input type="checkbox"/> Year 9 or Equivalent or Below			
# What is the level of the highest qualification the Mother / Guardian has completed? (tick one) <input type="checkbox"/> Bachelor Degree or Above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No Non-School Qualification			
# What is the occupation group of Mother / Guardian? <small>Please select the appropriate parental occupation group from the attached list.</small> <ul style="list-style-type: none"> • If the person is not currently in paid work, but has had a job in the last 12 months, or has retired in the last 12 months, please use the person's last occupation to select from the attached occupation group list. <input type="checkbox"/> • If the person has not been in paid work for the last 12 months, enter "8". 			

Father / Guardian's Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other		Father / Guardian's Surname:	
Christian Name/s:		Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
Residential Address:			
Suburb / City:		Postcode:	
Postal Address:			
Occupation:		Contacts: Home: _____ Mobile: _____	
Employer:		Work: _____	
Religious Affiliation:		Email: _____	
# Does the Father / Guardian speak a language other than English at home? <input type="checkbox"/> No (English Only) <input type="checkbox"/> Yes (please specify) _____			
# What is the highest year of Primary or Secondary School the Father / Guardian has completed? (tick one) <small>(For persons who have never attended school, mark 'Year 9 or equivalent or below')</small> <input type="checkbox"/> Year 12 or Equivalent <input type="checkbox"/> Year 11 or Equivalent <input type="checkbox"/> Year 10 or Equivalent <input type="checkbox"/> Year 9 or Equivalent or Below			
# What is the level of the highest qualification the Father / Guardian has completed? (tick one) <input type="checkbox"/> Bachelor Degree or Above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including Trade Certificate) <input type="checkbox"/> No Non-School Qualification			
# What is the occupation group of Father / Guardian? <small>Please select the appropriate parental occupation group from the attached list.</small> <ul style="list-style-type: none"> • If the person is not currently in paid work, but has had a job in the last 12 months, or has retired in the last 12 months, please use the person's last occupation to select from the attached occupation group list. <input type="checkbox"/> • If the person has not been in paid work for the last 12 months, enter "8". 			

If parents are separated, with whom is the student living: _____
 Name of Stepfather/Stepmother (if applicable): _____

MEDICAL HISTORY

Doctor's Name: _____ Practice: _____ Phone No: _____

Is your child immunised? Yes No

• **Please attach a copy of your child's current immunisation records.**

Does your child have a diagnosed medical condition that might need first aid? Yes No

If YES, please tick condition/s below.

The school will also need a Health Care Plan from the treating Doctor / Health Care Professional.

Asthma – Mild / Severe (Please Circle) Heart Condition Epilepsy Diabetes
 Allergies – Mild / Severe (Please Circle) Restriction on Physical Activities
Type of Allergy: _____

Does your child carry, or has he / she ever carried, a serious and life threatening infectious disease? Yes No

If YES, please give details _____

Please state medically required treatment: _____

PRIMARY FAMILY EMERGENCY CONTACTS (Other than Mother & Father)

Name	Relationship to Family (Relative, Friend, Neighbour or Other)	Telephone Number	Language Spoken (If English Write "E")
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Parent/Guardian Permission in the Event of an Emergency

Yes No

In the event that I am unable to be contacted, I hereby give authorisation for the school's representative to give consent on my behalf for the administering of medications and any other measures deemed necessary, should my child require urgent medical or surgical treatment.

Parent/Guardian Permission for Emergency Blood Transfusion

Yes No

Furthermore, in the event of the school not being able to contact me, I give permission to the school's representative to permit the administration of blood for transfusion in an emergency.

FURTHER INFORMATION

REASON FOR APPLICATION: _____

SIBLING DETAILS (Includes Younger & Older Siblings)

Enrolment priority is given to siblings of current students.

	SURNAME	FIRST NAME	DOB	PRESENT SCHOOL / KINDY	YEAR LEVEL	YEAR EXPECTED
1	_____	_____	____/____/____	_____	_____	_____
2	_____	_____	____/____/____	_____	_____	_____

Do you have a relative who attends St Paul's? Yes No If YES, please include their name: _____

MARKETING AND PARENT CONSENT

Please indicate where you received information about St Paul's: (please tick)

Current Family Friends Newspaper / Magazine Webpage Brochure or Flyer Poster or Billboard
 Other (Please specify) _____

Please indicate consent for your child's name, photo and/or video footage to appear in school publications.

Your child's name? Yes No
Your child's photo? Yes No
Video footage of your child? Yes No

PARENT CHECKLIST

THIS APPLICATION MAY NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION IS PROVIDED.

Please ensure all questions are answered and a copy of the following (if applicable) has been enclosed with this application.

(Please tick)

- Birth Certificate
 - Current Passport
 - Visa (if a non-Australian citizen)
 - Citizenship Certificate
 - Most recent School Reports
 - Australian NAPLAN results – Years 3 & 5
 - Specialised Reports
 - Current Immunisation Records
 - Medical Health Care Plan
 - Family Court Orders or Protection Orders
- PLUS**
- \$50 Enrolment Application Fee (non-refundable*)

APPLICATION FEE PAYMENT METHOD

St Paul's offers a range of payment methods which include:

Cash Cheque** Money Order** EFTPOS MasterCard VISA

Please return this form with the non-refundable application fee of **\$50** per child (inclusive of GST) to:

**The Enrolments Officer
St Paul's Lutheran Primary School
55 Smiths Road
CABOOLTURE QLD 4510**

**Please note: The non-refundable application fee of \$50 per child must accompany this form to validate the application. This is an administration fee and helps cover the costs associated with processing enrolments.*

Please find enclosed payment of \$_____

Cheque / Money Order (payable to St Paul's Lutheran Primary School)

Office Use Only

Date Received:		Letter Confirming Receipt of Application:	
Birth Certificate or Passport Received:		Interview:	
Immunisation Records Received:		Offer of Enrolment:	
Most Recent School Report Received (if applicable):		Enrolment Confirmation & Bond Received:	
Year 3, 5 State Test Report Received (if applicable):		Database Updated:	
Is there a Medical Alert for the Student?:		Transfer Note Forwarded:	

Parent Code:	Student Code:	Class:	House:
Application Fee Received	Fee Amount Received: \$_____	Receipt No: _____	
Date: ____ / ____ / ____	Cash / Cheque / Money Order / EFTPOS / Credit Card / BPay		

Application for Enrolment – Issue Date 2019

55 Smiths Road, Caboolture Qld 4510

T: 5495 5899
F: 5498 9950

E: postmaster@stpaulslps.qld.edu.au
W: www.stpaulslps.qld.edu.au



A co-educational school owned and operated by:
THE LUTHERAN CHURCH OF AUSTRALIA QLD DISTRICT ABN 56 782 698 956

ENROLMENT CONTRACT

As Parent(s) / Guardian(s) of the student enrolling at St Paul's Lutheran Primary School, I / We jointly and severally:

Education

- We will educate the student with due care and skill.
- You will encourage the student to take full advantage of the curricular and co-curricular opportunities we will provide to further their education.
- We do not guarantee a particular level of achievement for each student. Achievement depends greatly on the individual attributes of the student and the student's willingness to work for their own education. We will act in the best interests of the student and the student body generally. This may mean we do not always act in accordance with your requests.
- Our curriculum is delivered in accordance with the ethos of the Christian faith as per Lutheran doctrine.

Health

- Give permission for a designated staff member to sign on my/our behalf for a medical emergency if I cannot be contacted. You assure us that you have given us full information about the health of the student when applying for enrolment. This information includes any unusual psychological or psychiatric assessment. You will let us know if there is any change in the health or physical abilities of the student while the student is at the school which may require special consideration of their education needs.
- If something happens to the student in any medical or other emergency and if it is impossible or impractical to communicate with you, the school may take action and incur expenditure as it considers necessary in the best interests of the student. You must refund to us any expenditure we incur protecting the student.

Communication

- The school will provide information about the student to both natural parents of the student and to any other person signing this enrolment contract. You may request other arrangements relating to the provision of information about the student by giving written notice to us.
- To communicate efficiently with parents, and as a cost saving measure, we will communicate with parents at the email addresses they provide to us. If you do not provide an email address or if you request in writing that we provide information other than by electronic means, we will communicate by the other means reasonably requested. In this contract, 'written' includes communication by email.
- Where communication is to be with the entire school community or with identifiable sections of the school community, we may communicate through the school website.
- We will display on our website, the policies and rules with which you and the student are expected to comply.

Fees

- We will determine the fees for each term before the commencement of the term to which the fees apply.
- You must pay the fees in advance of the term to which they apply and not later than fourteen (14) days after the date of invoice for the fees unless alternative confidential arrangements have been made with the Principal and/or Business Manager. If you do not pay fees by the due date for payment, we may charge interest on the fees at 12% per annum from the due date for payment until they are paid. Legal and debt recovery expenses incurred by the School will be recovered from you to the full extent permitted by the law. **Note: Fees are not refundable for those who leave part way through a Term.**
- If we increase the fees for a term by more than 10% of the fees payable for the preceding term, you may terminate this enrolment contract by notice in writing to us given within fourteen (14) days of the date on which we notify you of the increase.
- If you terminate this enrolment contract for any reason other than for:
 - our breach; or
 - because of an increase in fees within the time limited by this contract,**you must provide us with at least one term's notice. If you do not provide us with one term's notice, you must nevertheless pay to us one full term's fees.** We commit resources on the basis of confirmed enrolments and will most likely suffer loss from early termination. We may have difficulty filling the student's position at short notice.
- If we expel the student, you must pay fees for the whole of the term in which the student is expelled.

Behaviour

- Undertake to see that my Son/Daughter behave in public at all times in such a way as to uphold the good name of the School.
- Undertake to see that my Son/Daughter reasonably meets homework requirements.
- Undertake to see that my Son/Daughter wears the correct School Uniform, including grooming appropriate to the School Community standards.
- Undertake to see that my Son/Daughter is punctual for School each day.
- Undertake to see that my Son/Daughter attends School Functions such as Christmas Concerts, Class Church Performances, School Sports Events and other School Activities.
- Undertake to see that my Son/Daughter refrains from:
 - Inappropriate classroom behaviour.
 - Swearing, teasing and bullying.
 - Any activity that undermines the Christian ethos of the School.
- Undertake to see that my Son/Daughter refrains from morally or socially unacceptable behaviour in the School, such as:
 - Possession and/or use of dangerous or illegal substances.
 - Graffiti, vandalism or theft.
- Acknowledge that the Principal will act to safeguard the standards of the School according to what is deemed most appropriate. This can include suspension and expulsion.

Discipline

- You must comply with policies and rules we adopt from time-to-time. You must ensure, as far as practicable, that the student complies with those policies and rules. The policies and rules do not form part of this contract.
- We may discipline the student for failure to comply with directions given by a person in authority or for failure to comply with the school policies and rules. These failures may occur on or off the school campus. The Principal or Acting Principal may expel the student from the school for misconduct considered by the Principal or Acting Principal to be serious enough to warrant expulsion.
- Where discipline may involve expulsion of the student, the Principal or Acting Principal will not expel the student until the allegations of misconduct have been put to the student or the student's representative and the student has been allowed an adequate opportunity to respond.
- We may search lockers, bags and property of the student where it is reasonable for us to do so or as part of a general or random search of a place where we conduct our activities.
- Will endeavour to help in the various school support activities, including Canteen, Sports, Library, Camps and Excursions, School Fair, Fundraising Groups or other Official School Committees.

Parent / Guardian Initials: _____ / _____

Continued Overleaf...

ENROLMENT CONTRACT (Continued)

Indemnity

- Exonerate the School, its staff and agents from any legal responsibility for personal accident, loss of personal effects, including money belonging to the student.
- You indemnify the school against any loss or damage caused by any failure by you or the student to comply with our rules and policies. You also indemnify us against any loss or damage caused by the willful disobedience or reckless behaviour of the student.

Excursions

- We will arrange excursions from time to time. We will inform you of intended excursions involving the student. You consent to the student attending excursions with the school. We will obtain your consent to any excursions where the student will be away for one or more nights.
- Should the cost of the excursion not be paid in full, the school reserves the right to stop your child from attending the excursion where you have signed the Parent Consent Form. In the event that we do allow your child to attend, you agree to allow the school to charge the cost of this excursion to your fee account.
- I give permission for my Son/Daughter to leave the grounds of the School for any minor excursion that may occur during the course of the School year.

Privacy

- We collect personal information about students at the school, their parents and people who care for them. The primary purpose of collecting the information is to enable us to use the information for all actions connected with educating our students.
- You consent to the personal information being used for educational and ancillary purposes including the marketing of the school.
- Any medical information will be used discreetly and in accordance with the school's Privacy Policy. The Privacy Policy may be viewed on our website. We will provide a hard copy of the Privacy Policy to anyone who requests it.

Contract

- Your obligations under this contract are joint and several.
- You authorise us to act on the direction of any one of you.

Termination

- We may terminate this contract if:
 - We expel the student from the school.
 - We decide at the end of a school year that we do not wish to continue the contract for the following school year for any reason.
 - Mutual trust and co-operation between us breaks down.
 - You are in breach of this contract and you fail to remedy the breach within a reasonable time after written notice from us requiring you to do so.
- You may terminate this contract at any time, for any reason, with one clear term's notice to us in writing. You may also terminate the contract when:
 - We are in breach of the contract and we fail to remedy the breach within a reasonable time after written notice from you requiring us to do so.
 - There is an increase in fees of the kind referred to in an earlier Clause of this contract and you give us notice as required by the earlier Clause.

I / We are aware that the School operates under the name of the Lutheran Church of Australia and by enrolling our child/children at this School, undertake to support willingly and freely the Christian (Lutheran) basis, philosophies and behaviour standards of the School, even if these teachings vary with that of our own faith.

I / We understand that an unwillingness or inability to fulfil the above requirements may constitute a breach of the enrolment agreement and possible termination of enrolment may result.

I / We understand that St Paul's Lutheran Primary School may contact educational institutions nominated on this form to verify information.

I / We also acknowledge that any misleading information or the omission of important information about the student's background or school history may lead to the possible termination of enrolment at St Paul's Lutheran Primary School.

*I / We have completed fully this Application for Enrolment form. I / We understand that for this application to be processed, the following needs to be attached **at the time of lodgment of this form**:*

- \$50 non-refundable Application Fee (per child) - payable by Cash / Money Order / Cheque / EFTPOS / MasterCard / Visa.
- A copy of your child's Birth Certificate or Passport - (CHILD **MUST BE ENROLLED BY THE NAME THAT APPEARS ON THEIR BIRTH CERTIFICATE UNLESS EVIDENCE OF LEGAL NAME CHANGE IS PROVIDED**).
- Australian Residency (if applicable).
- Copy of your child's Immunisation Records.
- Copy of your child's most recent school reports (if applicable).
- Copy of your child's Year 3, 5 Literacy and Numeracy NAPLAN results (if applicable).
- Copies of any relevant specialist reports and assessments, etc.
- Copies of any legal documentation pertaining to residency arrangements or custodial/Family Court/Domestic Violence Court Orders.

- **It is a requirement that this contract be signed by BOTH PARENTS before submitting to the school.**
- **You acknowledge that you have read this Agreement, understand it, and had an opportunity to seek independent legal advice prior to agreeing to it. You agree to be bound by the Terms and Conditions of this Agreement.**

Mother / Guardian's Name: (PRINT) _____

Father / Guardian's Name: (PRINT) _____

Mother / Guardian's Signature: _____

Father / Guardian's Signature: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Please Note:

- This is an *Application for Enrolment* and not a Notice of Acceptance.
- An Enrolment Offer is made following an interview with the Principal. If a place is offered, acceptance will involve the payment of a \$200 Bond within 2 weeks of the Acceptance Offer. This Bond will be held by the school until the child either finishes or leaves St Paul's, and any outstanding monies owing to St Paul's will be deducted from the Bond. **This Bond is also non-refundable if a confirmed place is not taken up.** An Enrolment Contract will also be given and is required to be signed and returned to the School.

List of Parental Occupation Groups

GROUP 1: Senior management in large business organisation, government administration and defence, and qualified professionals

- **Senior executive/manager/department head in industry, commerce, media or other large organisation**
- **Public service manager** (section head or above), regional director, health/education/police/fire services administrator
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** Commissioned Officer
- **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

GROUP 2: Other business managers, arts/media/sportspersons and associate professionals

- **Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- **Specialist manager** (finance/engineering/production/personnel/industrial relations/sales/marketing)
- **Financial services manager** (bank branch manager, finance/investment/insurance broker, credit/loans officer)
- **Retail sales/services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)
- **Arts/media/sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)
- **Associate professionals** generally have diploma/technical qualifications and support managers and professionals.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)
- **Defence Forces** senior Non-Commissioned Officer (NCO)

GROUP 3: Tradespeople, clerks and skilled office, sales and service staff

- **Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group.
- **Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/ transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Skilled office, sales and service staff:**
 - **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
 - **Sales** (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
 - **Service** (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP 4: Machine operators, hospitality staff, assistants, labourers and related workers

- **Drivers, mobile plant, production/processing machinery and other machinery operators.**
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen-hand, porter, housekeeper)
- **Office assistants, sales assistants and other assistants:**
 - **Office** (typist, word processing/data entry/business machine operator, receptionist, office assistant)
 - **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
 - **Assistant/aide** (trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- **Labourers and related workers**
- **Defence Forces** ranks below senior NCO not included above
- **Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
- **Other worker** (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

MEETING YOUR CHILD'S LEARNING NEEDS

Child's Name: _____

Current School Performance: *(if applicable)*

Literacy: Below Year Level Numeracy: Below Year Level
 At Year Level At Year Level
 Above Year Level Above Year Level

Has your child ever received 'Learning Support' Assistance? Yes No

If YES, please list learning areas supported. _____

Has your child participated in a gifted academic program? Yes No

If YES, please attach documentation.

Has your child ever had an Educational Adjustment Profile (EAP)? Yes No

Has your child ever repeated a year? Yes No

Does your child wear glasses? Yes No

Was English the first language spoken by your child? Yes No

If NO, please specify language and any ESL / Support that has been provided. _____

Does your child have an impairment or disability that affects his / her learning or participation in the School Community?

Yes No

If YES, please identify the type of disability or impairment:

<input type="checkbox"/> Intellectual Impairment	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Social & Emotional Impairment
<input type="checkbox"/> Speech & Language	<input type="checkbox"/> Impairment Multiple Impairment
<input type="checkbox"/> Learning Disabilities / Difficulties	<input type="checkbox"/> A.D.D. / A.D.H.D.

If your child has one of the above disabilities, how does it impact on him / her as a learner?

Attach documentation, if applicable. _____

Has your child been verified in any of the above mentioned areas? Yes No

If YES, please list the category of the disability or impairment and attach documentation, if applicable.

Has a Specialist ever assessed your child with regard to their developmental and / or learning needs? Yes No

If YES, please specify:

<input type="checkbox"/> Guidance Officer	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Child Psychologist	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Other _____

Name of Specialist: _____ Date Tested: _____

Do you have a report/s from the above Specialist/s? Yes No

Type of Assessment or Report: _____

If YES, you may be asked to share the report/s with the School.

Does your child have any social difficulties with other children? Yes No

If YES, please specify: _____

Has behaviour management ever been an issue with your child in the school setting? Yes No

If YES, please specify: _____

Has your child ever been expelled or suspended from another school? Yes No

If YES, please specify: _____