

expression of interest

FOR STUDENT ENROLMENT

STUDENT DETAILS

Name of Student: _____
 Gender: _____ Age/DOB: _____
 Religion: _____

FAMILY/CARER DETAILS

Parent(s)/Carer(s): _____

 Address (home): _____
 Phone (home): _____
 Phone (work): _____
 Mobile: _____
 Email: _____

BACKGROUND DETAILS (PAGE 1)

Level of your child's intellectual disability: Mild (IQ 55-75) Moderate (IQ 36-54)

Does your child have any other disabilities or special learning needs? (please specify below)

Disability or special learning need	Yes/No	Please describe the impact on your child's learning or social integration
Vision Impairment		
Hearing Impairment		
Autism Spectrum Disorder (ASD)		
Anxiety		
ADHD/ADD		
Expressive language delay		
Receptive language delay		
Physical Disability		

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BACKGROUND DETAILS (PAGE 2)

Is your child verbal? Yes No Device (if applicable): _____

Does your child have any special behavioural needs? Please specify: _____

CURRENT SCHOOL DETAILS

Please name the school your child currently is attending:

Grade/Year: _____

Please indicate the type of support the school is providing for your child this year:

Signed: _____

Date: ____/____/____