

STUDENT EXPRESSION OF INTEREST FORM

Given name: Surname:

Middle name(s): Preferred name:

Date of birth: Gender: Male Female Aboriginal or Torres Strait Islander: Yes No

Year of proposed entry: Year level of proposed entry: *please indicate by ticking the appropriate box below*

- 3-year-old ELC 4-year-old ELC Prep Year 1 Year 2 Year 3 Year 4
 Year 5 Year 6 Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Current/previous school(s):

Victorian Student Number (if applicable/known): Listed on a current Health Care Card: Yes No

Academic history

Please provide details and attach copies of any professional assessments performed by the child:

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Medical/health needs

Please specify any allergies/medical alerts, particularly anaphylaxis (e.g. allergies to nuts, bee stings), asthma, diabetes etc.:

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Learning needs - attach any documentation/reports/intervention received & tick all that apply

- ADHD ASD ODD Dyslexia Expressive Language Receptive Language Auditory Processing

Please outline any known or suspected learning or behavioural support needs (e.g. vision impairment, behavioural difficulties etc.):

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Custody arrangements/court orders

Please outline any custody arrangements or court orders regarding the care and education of the child, and attach supporting documents:

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General information

Please outline any other relevant information that may impact the learning, care or participation of the child:

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Documentation - attach copies of the following information (where applicable):

- Birth Certificate Immunisation certificate Most recent school report NAPLAN results
 Learning support documents Medical reports Custody docs/court orders Health Care Card.
 Administrative Fee Paid