

# Student Enrolment Application 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

