

## STUDENT ENROLMENT ENQUIRY

This form is designed to collect information from schools, ELC's or families who have expressed an interest in their child/student enrolling at Skene St Specialist School. *Completion of this form does not mean the child is enrolled at our school.* Enrolment will be subject to a number of assessments including qualifying levels of intellectual disability.

### PERSONAL DETAILS OF STUDENT

<b>Surname:</b>	
<b>First Given Name:</b>	
<b>Second Given Name:</b>	
<b>Preferred Name</b> (if applicable):	
❖ <b>Sex</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date:</b> (dd-mm-yyyy)    ____ / ____ / ____
<b>Student Mobile Number:</b>	

### PRIMARY FAMILY HOME ADDRESS:

<b>No. &amp; Street: or Box details</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Telephone Number</b>	<b>Silent Number:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mobile Number:</b>	<b>Email :</b>

### School & Support Details

<b>Name of previous School or Early Learning Centre including Contact Person(s):</b>
<b>Current Level of PSD Funding (if applicable):</b> <b>VSN:</b>
<b>Name of support community organizations and contact person(s):</b>

### Additional Information

Has the child been tested for an intellectual disability <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, please provide date of last test    ____ / ____ / ____
Can you briefly describe what other identified special needs the child may have? (Please use the back of this sheet)
Will School Bus Transport required <input type="checkbox"/> Yes <input type="checkbox"/> No