

# Form to Enrol in a

# Government School

[Redacted]

**OFFICE USE ONLY**

CASES21 Student ID:

[Redacted]	
[Redacted]	
[Redacted]	
[Redacted]	
[Redacted]	
[Redacted]	
[Redacted]	

[Redacted]

[Redacted]

[Redacted]
[Redacted]
[Redacted]

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**Student's Permanent**



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## Student Demographics

Does the student speak English?	Yes	No
3		




**Has the student had a disability assessment before?**

**Has the student received individualised disability funding before?**

**Has any previous education provider prepared a documented plan to support the students additional learning needs?**

No

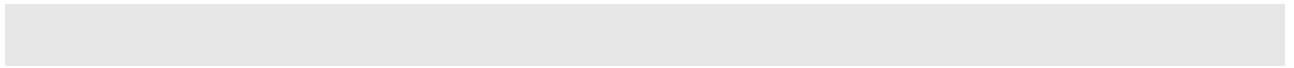
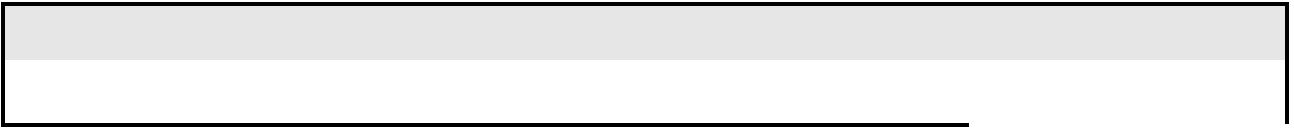
Yes (*specify outcome*): \_\_\_\_\_ / .....

No

Yes (*please specify*): \_\_\_\_\_

No


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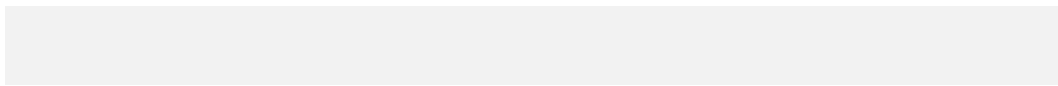










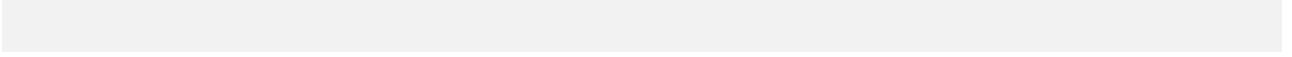


## Medication

Does the student take medication?	Yes	No
<b>Name</b>		

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## STUDENT S



# STUDENT TRAVEL DETAILS

How will the stude




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Can the student Individual Education Plan (IEP) include travel training?



# **ATTACHMENT – PARENTAL OCCUPATION GROUP CODES**

The codes outlined below are to be used when providing family occupation details for enrolled students. Please indicate your current occupation –

# ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

## Enrolling Adult 3

Surname:				Title:	
First Given Name:					
	Male	Female	Self-described: _____		

No. & Street Address:					
Suburb:					
State:		Postcode:			
Preferred language of notices:					
Mobile:		Work Phone:			
Home Phone:		Email:			

Can we contact Adult 3 during school hours?	Yes	No
Is Adult 3 usually home during school hours?	Yes	No
SMS Notifications:	Yes	No
Email Notifications:	Yes	No
Adult 3's preferred method of contact: <i>(Email shall be used for communication that cannot be sent via phone)</i>		
Mobile	Email	Mail
Home Phone	Work Phone	
Specify any other special conditions or times related to contact?		

Ghi XYbh`jj Yg`k jH `5 Xi `h3.		
Always	Mostly	Balanced(50%)
Occasionally	Never	

Adult 3 Job Title:	
Adult 3 Employer:	

Is Adult 3 interested in being involved in school	

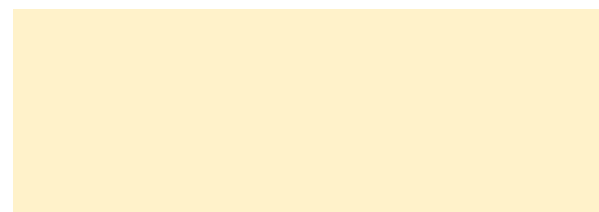
Relationship to student:		
Parent	Step Parent	Foster Parent
Host Family	Relative	Friend
Self	Other: _____	

In which country was Adult 3 born?
Australia
Other (please specify): _____

Does Adult 3 speak a language other than English at home?
No, English only
Yes (please specify): _____

Please indicate any additional languages spoken by Adult 3:	
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Is an interpreter required?	Yes	No
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