

LIWARA CATHOLIC PRIMARY SCHOOL

ATTACHMENT 2 - Pre-Enrolment Interview Form

STUDENT'S INDIVIDUAL NEEDS

First Name: _____ Surname: _____ DOB: _____

The identification of additional support needs will not affect the enrolment decision, however a full discussion is encouraged to enhance the school's ability to plan and support your child.

The School Education Act 1999 requires the provision of:

16. Information required when applying to enrol

G... “ details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school” (16G)

The Disability Standards for Education 2005 [https://www.education.gov.au/disability-standards- education-2005](https://www.education.gov.au/disability-standards-education-2005)

4.2 Enrolment standards (1) The education provider must take reasonable steps to ensure that the prospective student is able to seek admission to apply for enrolment in, the institution on the same basis as a prospective student without a disability, and without experiencing discrimination.

Allergies* _____

Behavioural or Safety _____

Communication _____

Learning _____

Medical/Health Care _____

Medication * _____

Orthoses/Prostheses _____

Physical condition* _____

Psychological/Cognitive _____

Vision/Hearing (sensory) _____

*If medication or medical/health care services are required during school hours, an Action Plan signed and authorised by the relevant practitioner will be required on enrolment. Medication Administration request forms are available from the office or website.

Other comments: _____

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency, which may affect educational arrangements? YES / NO

If so, please detail name of Service Provider and Contact Number below:

Signature of Caregiver(s) / Parent(s) / Guardian(s)

CAREGIVER 1 / MOTHER / GUARDIAN

CAREGIVER 2 / FATHER / GUARDIAN

Date _____