



## Enrolment Check List

Parent Name			
Current Address			
Contact No.			
Email:			
Closest designated school			
Child's name (1)	D.O.B.	M/F	Yr Level
Child's name (2)	D.O.B.	M/F	Yr Level
Child's name (3)	D.O.B.	M/F	Yr Level
Previous School	Contacted by parent:		Y                  N
Proposed Enrolment Date	Visa:		Y                  N
My child regularly sees an Allied Health Professional?    Child 1 - Y/N    Child 2 - Y/N    Child 3 - Y/N			
My child (please name) has had the following assessments undertaken eg. speech, autism			
Additional Enrolment Comments:			

