



PRE-ENROLMENT INTERVIEW FORM – Attachment 2

Student's First Name	Student's Surname	D.O.B.

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.

Student's Individual Needs

The School Education Act 1999 requires the provision of "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>

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.

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation, or welfare during school hours.

Allergy / Hayfever *	
Anaphylaxis *	
Asthma *	
Behavioural or Safety	
Communication	
Learning	
Medical / Health Care	
Medication *	
Orthoses / Prostheses	
Physical Condition *	
Psychological / Cognitive	
Sensory (eg Vision / Hearing)	
Specific Learning Need (eg Autism / ADHD)	
Other Comments	

* If medication or medical/health care services are required during school hours, please provide a relevant Action Plan signed and authorisation by the relevant practitioner will be required on enrolment and renewed annually. All medication must be in its original packaging with the student's name, the prescribing Doctors name and the dispensing instructions of the packing. The parent/guardian will also be required to complete a "Authorisation to Administer Medication" form – this form is available from the reception.

External Service Provision

Does your child receive any services from an external agency?	YES / NO	If yes, please provide more details:
Name of Service Provider		
Contact Number		

Signature of Caregiver(s)

Caregiver 1		Caregiver 2		Date	
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