WARRAH
SPECIALIST SCHOOL

Application Form

ENROLMENT

Student's Name:
(First) (Last)

Preferred Name: Date of Birth: / / Gender: ☐ M ☐ F

Country of Birth: Nationality:

Intended Start Date: Date Submitted:

Current School:

Reason for Leaving:

STUDENT

Is the student an Australian resident? ☐ Yes ☐ No

Is the student of Aboriginal or Torres Strait Islander origin? ☐ No
☐ Aboriginal ☐ Torres Strait Islander
☐ Both

How does your child communicate? ☐ Verbal ☐ Non-Verbal ☐ Visual
☐ Signing ☐ Apps

Does the student speak a language other than English at home? ☐ Yes ☐ No

If so, what language?

Does your child have a formal assessment? ☐ Yes ☐ No

To meet the criteria for moderate to severe intellectual disability, students must have a full scale IQ score of approximately 3-4 standard deviations below the mean on an approved individual test of intelligence.

Approved intelligence test undertaken ☐ Yes ☐ No

IQ Score

Please indicate if your child has any of the following additional disabilities:

☐ Autism ☐ Hearing Impairment ☐ Mental Health

☐ Physical Disability ☐ Intellectual Disability ☐ Attention Deficient Disorder

☐ Behaviour Disorder ☐ Language Disorder ☐ Attention Deficient Hyperactivity Disorder

☐ Vision Impairment ☐ Acquired Brain Injury ☐ Other

Does the child have a current NDIS package? ◯ Yes ◯ No

(This is to enable us to link you to NDIS services within Warrah if required)

PARENT

Father/Guardian: ☐ Mr ☐ Dr

First Name: Last Name:

Address: (If different to student) Suburb: Postcode:

Country of Birth: Language: (If other than English)

Do you require an interpreter? ☐ Yes ☐ No Nationality:

Occupation: ☐ Full Time ☐ Part Time ☐ Casual

Work Phone: Home Phone: Mobile Phone:

Email:

Mother/Guardian: ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

First Name: Last Name:

Address: (If different to student) Suburb: Postcode:

Country of Birth: Language: (If other than English)

Do you require an interpreter? ☐ Yes ☐ No Nationality:

Occupation: ☐ Full Time ☐ Part Time ☐ Casual

Work Phone: Home Phone: Mobile Phone:

Email:

FAMILY

Student's Residential Address: Suburb: Postcode:

Mailing Address: Suburb: Postcode:

Home Phone:

Emergency Contact: (If unable to reach parents)

(First) (Last)

Relationship to student:

Daytime Phone:

Is there a court order pertaining to the custody of your child? ☐ Yes ☐ No

Is there shared custody arrangements for your child? ☐ Yes ☐ No

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other

YOUR CHILD

SUPPORT NEEDS

Describe your child's special support needs: (e.g. dressing, sleeping, eating, toileting, personal care, mobility)

Describe your child's social skills: (e.g. shy, withdrawn, outgoing, plays well with others)

Does your child participate in out of school or holiday activities? (e.g. sport, music, art, camps etc.)

BEHAVIOUR

What are some things your child likes to do?

What are your child's dislikes? (e.g. crowds, noise, food, etc)

Does your child display behavioural challenges? (e.g. self harm, running away, screaming, tantrums, hitting, kicking, spitting, swearing etc)

Are there any known triggers for this behaviour?

How do you manage this behaviour?

Does your child have a current behaviour management plan? ☐ Yes ☐ No

Does your child have awareness of danger? (e.g. road, water, fire, electrical safety)

DECLARATION

I am aware that the Application Fee and Enrolment Fee are not refundable. If a place is offered I agree to pay the Enrolment Fee within 2 weeks of receiving the offer. I understand that if withdrawing a student from the School, one full term's notice should be supplied in writing to the Principal, or one term's applicable fee will be charged. I understand that acceptance of my child will depend on the outcome of an interview and availability of places in the school, and that this Enrolment Application does not ensure enrolment.

Signed: Date:

(Father/Guardian)

Signed: Date:

(Mother/Guardian)

All information collected is treated in accordance with the school's Privacy Policy, which is available upon request.

APPLICATION FEE PAYMENT DETAILS

Please indicate how the $250 application fee will be paid:

☐ Direct Deposit — Name: Warrah Society BSB: 082-155 Account Number: 33-055-6183

☐ Payment by credit card: ☐ Mastercard ☐ Visa

Card number:

Amount: Expiry Date: / Verification Code:

Cardholder name: Signature:

If paying by direct deposit, please include your name and "application" in the description.
Please send form, along with your method of payment, to admin@warrahspecialistschool.nsw.edu.au

Warrah Specialist School

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