(QUROPHQWV
Diocese of Broken Bay Systemic Schools

2IILFH 8VH RQ	Family Code	Student ID

0DLO IUFKRRVO WR EH VHQW WR

Surname ..... Given Name .....

Address .....

..... Postcode.....

Contact tel. ..... e-mail address .....

6WXGHQWDLOV

Surname ..... Entry Year HJ .....

Given name(s)..... Entry Level HJU .....

Preferred given name ..... Date of Birth .....

Religion ..... What is the student's sex? Male Female

SOHDVH WLFN RQH ER[

Address LI GLIIHUHQW IURP DERYH PDLOLQJ DGGUHVV

.....

..... Postcode.....

Contact tel. ..... e-mail address .....

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Immunisation

SOHDVH FRPSOHWH WK
IROORZLQJ LQI

b) What supports are currently in place to support your child to access and participate in their current educational setting?

Adjustments to

- Learning
- Supervision
- Support for health care procedures
- Specialist furniture and/or equipment
- Mobility supports, equipment and/or personnel
- Communication supports (braille, signing, assistive technology, communication devices)
- Disability provisions for assessments
- Other S O H D V H V S H F L I \

c) Is your child receiving specialist therapy? Yes No

Occupational therapy ☐ Speech Pathology ☐

Other ☐ S O H D V H V S H F L I \

Please provide copies of all reports from a doctor or health professional relating to your child's special needs.

The school will contact you to begin the65p 14.9 (i5(7)-8 (.)]T6 0 Tc 0 Tw < (her)-18 (api.1 (c)-8 o3iTc 0 Tw 48.3>w 4-9 (c

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Are there any current court orders or parenting agreements relating to the student? Yes No

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Is there any other parenting information you wish the school to be aware of?

)DPLO\0HPEHUV

3DUHQW *XDUGLDQ Mr Mrs Ms Dr Prof

Surname ..... First Name.....

Address .....

..... Postcode.....

Contact Nos Home ..... Work .....

Mobile ..... email address.....

Occupation .....

Religion ..... Nationality.....

Country of birth Australia Other SOHDVH V.S.H.F.L.I\.....

Relationship to Student eg. Mother/Father .....

Mr Mrs Ms Dr Prof

Surname ..... First Name.....

Address .....

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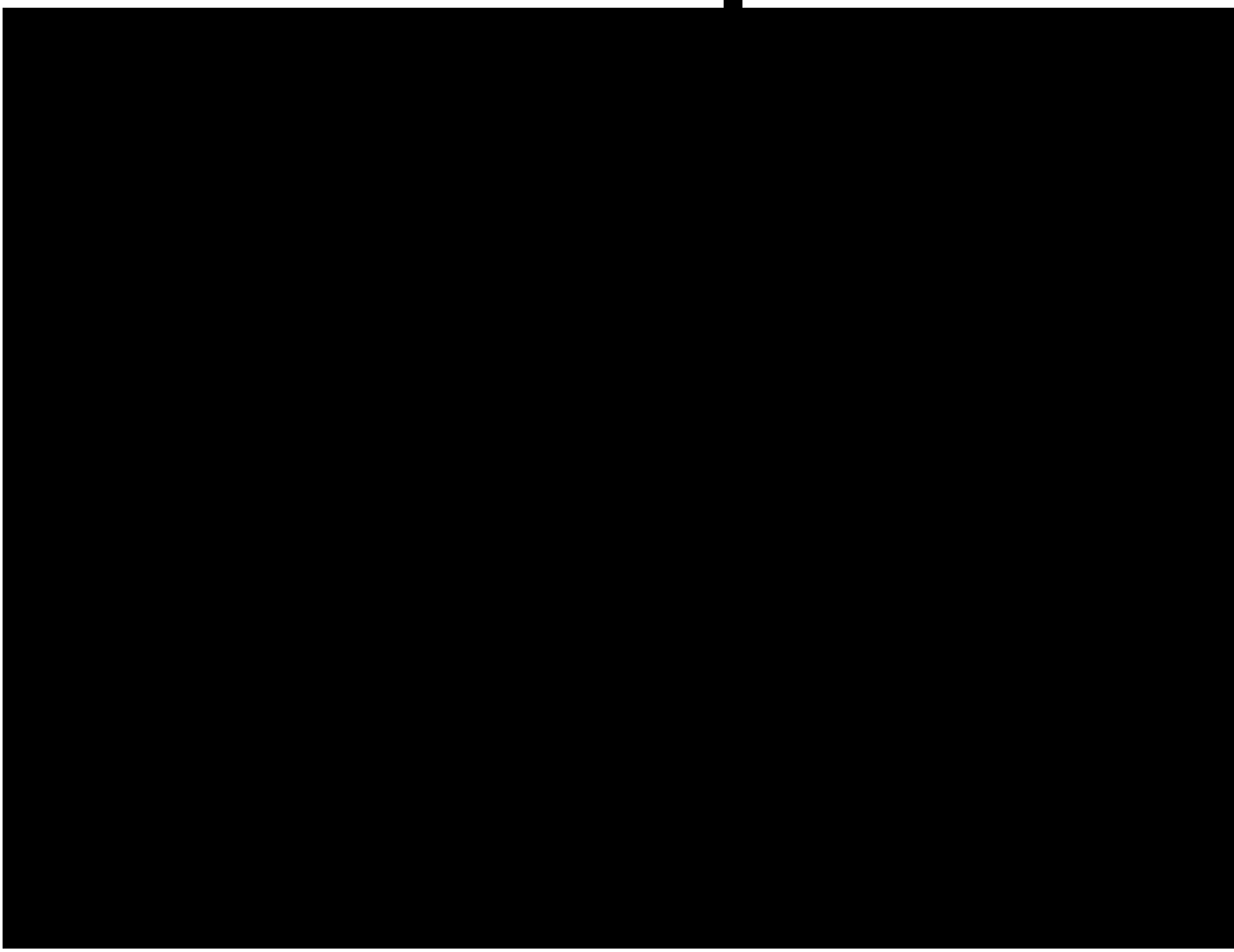

What is the level of the K L J K H V W qualification the parents/guardians/carers have completed? 0 DUN RQH RQO\ RQH FKRO X P Q

	Parent 1/Guardian 1/Carer 1	Parent 2/Guardian 2/Carer 2	Non-residential P

Parents/carers who have retired or stopped work in the past 12 months, should choose the group in which they used to work. Parents/carers who have not been in paid work for more than 12 months should indicate occupativav usedn-12.3 (nt611-883pat)-1ode7.45-2.9 (dce(i)-)-1216 a 495.121 0.48/2_1-ute

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(PHUJHQF\ &RQWDFW LQIRUPDWLRQ DQG FDUHUV

Name .....

Relationship to student .....

Contact tel.- DQXDU\ .....

9 **Systems**). **CEnet**)

10 ‘cloud’ services.

11 school’s school’s duty of