

Application Schedule

A non-refundable application fee of **\$300.00** (Includes GST) is to accompany this application.

Student's First Name: Surname:

Student's Middle Name:

Date of Birth: Male Female

Preferred Start Date:

Calendar Year of Admission:

School Year Level Requested.....

Length of Intended Stay: Current School:

Child's Country of Birth: Nationality:

Are You/Your Child A Holder of An Entry Visa To Australia: Yes No

Visa Grant Notice Number:

Mother /Guardian 1 Details	Father /Guardian 2 Details
Full Name:	Full Name:
Address:	Address:
Occupation:	Occupation:
Home Phone No:	Home Phone No:
Work Phone No:	Work Phone No:
Mobile No:	Mobile No:
Email:	Email:
Billing Email:	Billing Email:

A non-refundable application fee of **\$300.00** (Includes GST) is to accompany this application.
This can be paid by credit card at reception or by bank transfer to the account below.

Quintilian School Banking Details: ANZ Bank

BSB No: 016112

Account Number: 422951244

Account Name: Quintilian School Inc.

Swift Code: ANZBAU3M

Please use your CHILD'S SURNAME as a reference.

Office: Payment Received \$ _____ Date: _____

Additional Information

Please complete all sections of this form honestly and accurately. Information provided is for the purpose of determining the adjustments your child may need at school and will in no way jeopardise acceptance of your child's enrolment. To support this application, we require information and copies of your child's most recent school reports /IEP's/ specialist assessments/psych reports etc. that may have been provided to you. Applications won't be considered without this additional information being provided. **Please write N/A or tick "NO" in sections that do not apply.**

Learning/Academic

Describe your child's learning strengths

Describe your child's learning weaknesses

Describe any adjustments, accommodations, allowances, considerations or specialized equipment your child needs to participate in learning in all or specific classes.

More detailed Information		
Diagnosis	YES	NO
Does your child have a known disability, learning difficulty, medical condition or diagnosis that may impact upon their safety, participation or learning?	<input type="checkbox"/>	<input type="checkbox"/>
<i>These may include: physical, cognitive/intellectual, learning, sensory, speech and language, Autism Spectrum Disorder, social /emotional /behavioural, illness/disorder, medical (anaphylaxis, diabetes, asthma etc.) mental health or other.</i>		
Nature/Name of disability/condition/diagnosis:		
Diagnosed by:		
(Name of professional/Dr/Specialist) (Area of expertise e.g.: psychologist)		
Date of diagnosis ____/____/____ Copy of report attached	YES	NO
Unsure:	<input type="checkbox"/>	<input type="checkbox"/>
Currently pursuing diagnosis:		
Education Plan		
Are you aware that your child is achieving below expected grade level in any areas of the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		
Has your child had a Documented Plan of any sort (e.g.: Individual Education Plan, Curriculum Adjustment Plan) related to learning, curriculum, behaviour or academic goals?	<input type="checkbox"/>	<input type="checkbox"/>
Hearing and Vision	YES	NO
Has your child's vision been tested?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child need to wear/use vision aids? <i>(glasses, assistive technology, specialist equipment, low vision aids, large print, specific font, magnifiers etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		
Has your child's hearing been tested?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child need to wear/use hearing aids? <i>(Do they need acoustic considerations?)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		
Speech and Language (Communication)	YES	NO
Has your child's speech and/or language skills been tested?	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		
Has your child accessed specialist speech or language services? <i>(e.g. Telethon Speech and Hearing, Speech Therapists/ Pathologists etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child need/use adjustments, strategies, considerations as a result of speech or Language concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		

Independence	YES	NO
Can your child manage personal care needs independently? (Toilet, dressing, eating, mobility)		
Please give details:		
Note: Students must be 3 years old and fully toilet trained to begin Pre-Kindergarten.		
Does your child need adjustments, strategies, considerations to support their independence? (In the playground, dressing, eating, toileting, camps or excursions, other)		
Does your child require additional supervision or support in particular situations?		
Medical/Health	YES	NO
Does your child see a GP regularly for a medical/health condition?		
Please give details:		
Does your child access a medical specialist/therapist/treatment to manage medical/health condition?		
Name of Professional/Dr/Specialist:		
Does your child require a health support plan and/or emergency medical plan?		
<i>This could be for support to manage/administer medication, pain, fatigue, equipment, Epi-pen, insulin levels etc.</i>		
Please give details:		
Is your child on any regular prescribed medication?	YES	NO
Name of medication:		
Please list any allergies:		
Mobility		
Please describe any mobility issues experienced by your child: <i>(including balance, fine motor, gross motor, use of mobility equipment etc.)</i>		
	YES	NO
Will your child require adjustments/support to manage mobility issues while at school?		
Describe any mobility equipment/devices that your child currently uses and will your child be bringing this equipment to school?		
Does your child access a medical specialist/therapist/treatment regularly to manage their mobility?		
Name of Professional/Dr/Specialist:		
Social/Emotional/Behaviour	YES	NO
Does your child access a medical specialist/therapist/treatment regularly to manage their social/emotional/behavioural needs?		
Please describe any issues related to your child's ability to manage social interactions, emotional regulation and/or behaviour.		
	YES	NO
Has your child had an Individual Behaviour Plan relating to social/or behavioural goals? If so please attach.		
Name of professional/Dr/Specialist/Agency/Service Provider:		
Area of expertise e.g.: <i>(Psychologist etc.)</i>		
Other Support/Intervention	YES	NO
Does your child receive support and/or intervention services from any services not previously mentioned on this form? (e.g.: tutoring, psychologist, physiotherapist, OT, speech pathologist)		
	YES	NO
Will this support or intervention continue in this school?		
Name of contact person at relevant agency/ies:		
If so please attach reports from these agencies.		
	YES	NO
Is your child currently eligible for any services or funding? (Disability Services Commission, Centre Link, National Disability Insurance Scheme, Insurance Compensation, Therapy Focus etc.)		
Please give details:		
Additional Information about your child.		
Please use this space to provide any additional information related to your child's disability or additional needs in order to give the school a more complete picture of how we can support your child. Please also attach additional pages of notes or documents from specialists, therapists, previous school or other sources.		

Authorisation

I authorise Quintilian School to contact previous schools, which my child has attended to obtain information, which will assist the enrolment process.

By signing this form I give permission for the school to pass on immigration/ Visa information to a third party if requested. Third parties can be: employers, government agencies, licensing authorities or other educational institutions.

I declare that the information provided on this form is true and correct.

Full Name of Mother/Guardian: 1 _____

Signature: _____ Date: _____

Full name of Father/Guardian 2 _____

Signature: _____ Date: _____

Survey

How did you hear about Quintilian?

(Facebook/Instagram/web/other parents/advertising)

What is the main reason for your interest in Quintilian?

Sibling Name/s:

Age:

Current School:

