

Application Schedule

Student's First Name: Surname:

Student's Middle Name: Student's Preferred Name:

Date of Birth: Male Female Other

Preferred Start Date: School Year Level Requested.....

Length of Intended Stay: Current School:

Is your child a holder of an entry Visa to Australia: : Yes No

Are you/your partner a holder of an entry Visa to Australia: Yes No

Mother / Guardian 1 Details	Father / Guardian 2 Details
Full Name:	Full Name:
Preferred Name:	Preferred Name:
Address:	Address:
.....
Occupation:	Occupation:
Nationality:	Nationality:
Country of Birth:	Country of Birth:
Date of Birth:	Date of Birth:
Home Phone No:	Home Phone No:
Mobile No:	Mobile No:
Email:	Email:
Work Email:	Work Email:

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

Quintilian School Banking Details: ANZ Bank. Account Name: Quintilian School Inc.

BSB No: 016112 Account Number: 422951244

Please use your CHILD'S SURNAME as a reference.

To support this application, copies of your child's most recent school reports, education plans, specialist assessments, psych reports etc may be requested.



Additional Information

Please complete all sections of this form honestly and accurately.

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.

Diagnosis/Assessments

Does your child have learning difficulty, medical condition or diagnosis that may affect their safety, participation or learning? 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.:

Any additional information related to your child's needs to give the school a more complete picture of how we can support your child:

Education Plan	YES	NO
Has your child had a Documented Plan of any sort? (e.g.: Individual Education Plan related to learning, behaviour or other)	<input type="checkbox"/>	<input type="checkbox"/>
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:		
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?	<input type="checkbox"/>	<input type="checkbox"/>
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	YES	NO
Has your child's speech and/or language skills been tested?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child accessed specialist speech or language services?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child need/use adjustments, strategies for speech or language concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		
Mobility	YES	NO
Will your child require adjustments/support to manage mobility issues while at school?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child access any treatment regularly to manage their mobility? (Including balance, fine motor, gross motor etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		
Independence <small>Note: Students must be 3 years old and fully toilet trained to begin Pre-Kindergarten.</small>	YES	NO
Can your child manage personal care needs independently? (Toilet, dressing, eating, mobility)	<input type="checkbox"/>	<input type="checkbox"/>
Please give details:		

Authorisation

I authorise Quintilian School to contact my child's previous schools to obtain information to assist the enrolment process. I declare that the information provided on this form is true and correct.

Full Name of Mother/Guardian 1 _____

Signature: _____ Date: Drop down date function.

Full name of Father/Guardian 2 _____

Signature: _____ Date: Drop down date function.

Survey

How did you hear about Quintilian? _____

(e.g. Facebook/Instagram/web/other parents/advertising)

What is the main reason for your interest in Quintilian?

Sibling Name/s:

Age:

