

Deadline: 30 April 2024

Early Intervention Centre Application Form

*Please complete in block capitals with a black pen

Personal Information			
Surname			
First Name(s)			
Sex (Please Tick)	Male	<input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth (DD/MM/YY)			
PPS No			
Home Address			
Nationality			
Language(s) Spoken (If applicable)			
Toileting (Please Tick)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Family Information			
Parent/Guardian 1 Details:			
Name			
Relationship to child			
Occupation			
Mobile No.		Home No.	
Work No.		Email	
Parent/Guardian 2 Details:			
Name			
Relationship to child			
Occupation			
Mobile No.		Home No.	
Work No.		Email	
Has the applicant a sibling already attending Abacas Special School Kilbarrack?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Student			

Emergency Contact Details

Relationship to Child	
Name	
Phone No	

Medical/Educational/Other

Family Doctor (Name)	
Family Doctor (No.)	
Medical issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide more details	
Previous Education (Preschool/Home tuition etc. Please provide details of each if applicable)	
Service Provider (Beechpark/SMH/DOC etc)	

Any additional factors concerning your child (medical/educational/social)? Please outline below

Documentation Enclosed

Important: Documents highlighted in bold must be included with application.

*Required Documentation Must be included with application	Additional Documentation (optional)	
Please Tick	Yes	No
*Psych Report		
Utility Bill		
Copy of Birth Cert		
	Other (please specify)	

Signed Declaration Yes No

I have enclosed the required documentation as listed above		
I have read and agree with the terms and conditions of the enrolment policy		
I am aware that submission of this form doesn't constitute an offer of a place		

Name of Parent Guardian (Print)			
Signature		Date	

OFFICE USE ONLY

Issued:	Date Received:	Entry Year:
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