



## PRE-INTERVIEW INFORMATION

### PRE-ENROLMENT INTERVIEW REQUEST FOR INFORMATION

The *School Education Act 1999* requires the provision of: 'details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school' (s.16G). To assist the school to respond to individual requirements please detail any special needs your child has in the following areas that affect his/her learning, participation or welfare during school hours or at school-related activities (carnivals, camps, excursions, etc). Non-disclosure of any medical or learning support conditions may affect the status of the enrolment at a later stage.

### STUDENT INFORMATION

First Name	
Surname	
Entry Level and Year	

### DOES YOUR CHILD HAVE ANY MEDICAL OR HEALTH CONDITIONS?

<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:

### DOES YOUR CHILD REQUIRE MEDICATION?

<input type="checkbox"/> Yes <input type="checkbox"/> No
Details, dosage and frequency:

**HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING?**

Psychological or psychiatric services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

**DOES YOUR CHILD HAVE ANY NEEDS IN THE FOLLOWING AREAS?**

Sensory (e.g. vision/hearing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviour or safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication (e.g. speech therapy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

**DOES YOUR CHILD HAVE ANY ALLERGIES?**

<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:

**DOES YOUR CHILD WEAR A MEDICAL ALERT BRACELET?**

Does your child wear a Medical Alert Bracelet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SERVICES FROM EXTERNAL AGENCIES**

Does your child receive any services from an external agency which may affect educational arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SERVICES DURING SCHOOL HOURS**

If medication or medical/health care services are required during school hours, please provide full details and signed authorisation by the relevant practitioner.

Practitioner		Telephone	

**PARENT/GUARDIAN ACKNOWLEDGEMENT**

I/We acknowledge that we have fully disclosed any special needs (including but not limited to any medical, physical, learning or psychological needs) of our child. Where any disclosed special needs change or where any special needs arise, I/we agree to notify the school immediately. I/We also agree to complete my/our child's medical form accurately and provide annual updates for the school, including any health matter that arises during the year that may impact on other students or staff, or the ability of the school to care for my/our child.

Name of Caregiver 1	Signature	Date
Name of Caregiver 2	Signature	Date