



Pre-Enrolment Interview

Please complete and return this form before you attend your enrolment interview so that we can discuss your child's needs (if any) at the interview and assess the level of resources we are able to offer.

Child's Name:.....

Academic Year of Entry:

Calendar Year of Entry:

Interview Date:

Interview Time:

Has your child attended any of the following services? Yes No Please provide details:

Occupational Therapy _____
Speech Therapy _____
Psychologist _____
Vision and/or Hearing _____
Other: _____

Are there any Medical issues, needs or concerns the school should be aware of?

Asthma Vision impairment Anaphylaxis Diabetes Heart condition
Epilepsy Emotional/Sensory Hearing impairment Allergies Language delay

Other: _____

Medication required at school Yes No Name of Medication/s

Are there any Behaviour or Safety concerns the school should be aware of?

Does your child have a diagnosed (physical/cognitive/mental) disability? Yes No

If yes, please provide details.

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