

## Expression of Interest Form

### STUDENT INFORMATION

Student Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Proposed Enrolment Year \_\_\_\_\_

Street Address \_\_\_\_\_

Email address \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

Current School \_\_\_\_\_ Current Year at school \_\_\_\_\_

### Brief description of child's disability and additional needs

Intellectual Disability    Yes  
  No

Physical Disability    Yes  
  No

Details of diagnosis

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Please email through diagnosis report as well.

Parent Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_