Chevallum State School

OUT OF CATCHMENT

Student Enrolment - Expression of Interest

Is your home address in our catchment area? Go to http://www.qgso.qld.gov.au/maps/edmap/

Please complete this form if you are seeking enrolment (Prep-Year 6) from outside the school's catchment.
All children in your family can be added to the same form below.
An exemption applies to all family members even if they are not yet school age or born.

Please send the completed form to enrolment@chevallumss.eq.edu.au.
We will confirm receipt and place you on our wait list for consideration.

Student Details	
First Name:	Surname:
Date of Birth:	Gender: ☐Male ☐Female
Current School:	Applying for Year Level: Commencing: 202

Parent/Carer 1 Details: (child resides with)*	**Parent/Carer 2 Details:**
Name:	Name:
Address:	Address:
Suburb: Post Code:	Suburb: Post Code:
Phone:	Phone:
Email:	Email:

***Please ensure "Parent/Carer 1" is who the child resides with at their principal place of residence.**
Until the child has commenced, this parent/carer will receive all correspondence and invoices.

Siblings? Please provide details of other school age residental siblings (including Pre-Prep/Kindy).	
Sibling Name:	Surname:
Current School:	Current School:
Year Level:	Year Level:

Supporting Documents? Please supply the following documents, via email or at office for sighting.	
Student Identity – one of the following: ☐Birth Certificate OR ☐Australian Citizenship Certificate ☐Australian Passport OR ☐Overseas Passport & Visa	**School Report:** ☐Most recent report (not applicable for Prep entry)

Office use only – Please do not write in this space

☐Supporting Documents sighted	☐Form Received Date / /202	☐Staff sign

	Please complete the following questionnaire to help identify any supports that may enhance the learning of students under our care
1	**Student's Support Profile** ❑ Has the student been verified with a disability or learning difficulty? **Yes** ❑ **No** ❑ If yes, please provide details: ❑ Has the student received learning support in the past? **Yes** ❑ **No** ❑ If yes, please circle which year levels? 1 2 3 4 5 6 ❑ Has the student received support from a Special Education Program in the past? **Yes** ❑ **No** ❑ If yes, please provide details: ❑ Has your student ever attended an ECDP, AEIOU, Autism Queensland or received any support funding in a child care/early learning setting? **Yes** ❑ **No** ❑ If yes, please provide details: ❑ Has the student ever been referred to a Specialist for any of the following: ❑ Pediatrician ❑ Occupational Therapy (OT) / Physiotherapy ❑ Behaviour ❑ Speech-Language Pathologist ❑ NDIS ❑ Medical ❑ Other, please specify: ❑ Are there any current Court Orders? **Yes** ❑ **No** ❑ If yes, please provide details:
2	**Reasons for seeking enrolment at Chevallum State School:**

I believe that the information I have supplied on this form is true and correct.

Parent/Carer Signature:_____ **Date:**_____

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