Proposed Prep Enrolment for Year 202__

Chevallum State School – Prep Placement Request

Please complete and return this form to add your child's name to our list of proposed future Preps.

Child's Information:	
Surname:	Given Names:
Gender: ❑ Male ❑ Female	Date of Birth: / /
Has your child been referred to a Specialist for any of the following? - Hearing? Yes / No If yes, please provide details:	
- Eyesight? Yes / No If yes, please provide details:	
- Behaviour? Yes / No If yes, please provide details:	
- Other health concerns? Yes / No If yes, please provide details:	
Has your child been referred from a Special Education or Therapy Centre? Yes / No If yes, please provide the Centre name/number:	
Is your child also on another Prep Waiting List? Yes / No If yes, what preference is this application? ❑ 1st ❑ 2nd ❑ 3rd	
Has your child been attending a kindergarten/childcare service? Yes / No If yes, please provide the Centre name/number?	
How did you find out about Chevallum? ❑ Current sibling ❑ Kindy/Childcare Centre ❑ Word of mouth ❑ Other: _	

Parent/Guardian Information:	
Mother's Name:	Father's Name:
Address:	Address:
Mobile:	Mobile:
Alternate Contact Number:	Alternate Contact Number:
Email:	Email:
Parent/Guardian Authorisation (at least one signature required please):	
Signed: Date: / /	Signed: Date: / /

OFFICE USE ONLY: Date form received / /	**G:Office/Prep/Prep Placement Request**