

Request Prep Placement for Year 202_

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

Surname: Gender: Male Female Date of Birth:	Child's Information:	
Male	Surname:	Given Names:
Indigenous Status: Is the prospective student of Aboriginal or Torres Strait Islander origin? Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander Neither Noil Islander Noil Noil Islander Noil Noil Neither Noil Islander Noil Noil Islander Noil Noil Islander Noil Noi	Gender:	Date of Birth:
□ Aboriginal □ Torres Strait Islander □ Both Aboriginal & Torres Strait Islander □ Neither Has your child been referred to a Specialist for any of the following? Hearing? If yes, please provide details: - Vision? If yes, please provide details: - Behaviour? If yes, please provide details: - OT? Speech Therapy? Other health concerns? Yes / No If yes, please provide details: Has your child been referred from a ECDP or Therapy Centre? Yes / No If yes, please provide the Centre name/number: Does your child have an NDIS package? If yes, please provide provider details: 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: □ Word of mouth □ Other: Parent/Guardian Information: Mobile: Email: Parent/Guardian Authorisation (at least one signature required please): Signed:	☐ Male ☐ Female	/ /
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