



Prep Placement Request 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.

Child's Information:	
Surname:	Given Names:
Gender: ☐ Male ☐ Female	Date of Birth: / /
Indigenous Status: Is the prospective student of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander ☐ Neither	
Has your child been referred to a Specialist for any of the following? - Hearing? Yes / No If yes, please provide details:	
- Vision? Yes / No If yes, please provide details:	
- Behaviour? Yes / No 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? Yes / No If yes, please provide provider details:	
Is your child also on another Prep Waiting List? Yes / No If yes, what preference is this application? ☐ 1 st ☐ 2 nd ☐ 3 rd	
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:
Email:	Email:
Parent/Guardian Authorisation (at least one signature required please):	
Signed:	Signed:
Date: / /	Date: / /