

**Deadline: 5 May 2020**

# Early Intervention Centre Application Form

**\*Please complete in block capitals with a black pen**

| Personal Information  |                               |                 |                          |
|---|-------------------------------|-----------------|--------------------------|
| Surname   |                               |                 |                          |
| First Name(s)   |                               |                 |                          |
| Sex<br>(Please Tick)  | Male <input type="checkbox"/> | Female          | <input type="checkbox"/> |
| Date of Birth<br>(DD/MM/YY)   |                               |                 |                          |
| PPS No  |                               |                 |                          |
| Home Address  |                               |                 |                          |
| Nationality   |                               |                 |                          |
| Language(s) Spoken<br>(If applicable)   |                               |                 |                          |
| Toileting<br>(Please Tick)  | Yes <input type="checkbox"/>  | No              | <input type="checkbox"/> |
| Family Information  |                               |                 |                          |
| Parent/Guardian 1 Details:  |                               |                 |                          |
| Name  |                               |                 |                          |
| Relationship to child   |                               |                 |                          |
| Occupation  |                               |                 |                          |
| Mobile No.  |                               | Home No.        |                          |
| Work No.  |                               | Email           |                          |
| Parent/Guardian 2 Details:  |                               |                 |                          |
| Name  |                               |                 |                          |
| Relationship to child   |                               |                 |                          |
| Occupation  |                               |                 |                          |
| Mobile No.  |                               | Home No.        |                          |
| Work No.  |                               | Email           |                          |
| Has the applicant a sibling already attending Abacas Special School Kilbarrack? |                               |                 |                          |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/>   | Name of Student |                          |

## Emergency Contact Details

|                       |  |
|-----------------------|--|
| Relationship to Child |  |
| Name                  |  |
| Phone No              |  |

## Medical/Educational/Other

|   |  |
|---|--|
| Family Doctor (Name)  |  |
| Family Doctor (No.)   |  |
| Medical issues?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide more details   |  |
| Previous Education<br>(Preschool/Home tuition etc.<br>Please provide details of each if applicable) |  |
| Service Provider<br>(Beechpark/SMH/DOC etc)   |  |

**Any additional factors concerning your child (medical/educational/social)?**  
Please outline below

## Documentation Enclosed

**Important: Documents highlighted in bold and marked with an asterisk must be included with application.**

| Required Documentation<br><small>*Must be included with application</small> |     |    | Additional Documentation<br><small>(optional)</small> |     |    |
|---|-----|----|---|-----|----|
| Please Tick   | Yes | No | Please Tick   | Yes | No |
| <b>*Original Birth Cert</b>   |     |    | SLT Report  |     |    |
| <b>*Utility Bill</b>  |     |    | OT Report   |     |    |
| <b>*Psych Report</b>  |     |    | Other<br>(please specify)                             |     |    |

| Signed Declaration   | Yes | No   |
|--|-----|------|
| I have enclosed the required documentation as listed above                     |     |      |
| I have read and agree with the terms and conditions of the enrolment policy    |     |      |
| I am aware that submission of this form doesn't constitute an offer of a place |     |      |
| Name of Parent Guardian (Print)  |     |      |
| Signature  |     | Date |

## OFFICE USE ONLY

|         |                |             |
|---------|----------------|-------------|
| Issued: | Date Received: | Entry Year: |
|---------|----------------|-------------|