

AUTISM QUEENSLAND SCHOOL

Enrolment Application



This form can be filled out online or printed out for completion. If completed online you will still need to print out and sign before returning with your supporting documentation. (Address details on last page.)

YOUR CHILD

Surname:		First Name:	
Date of Birth:		Gender:	
For children under the age of 7:	If your child is registered with the Autism Advisor Program do you give permission to the School to contact the program on your behalf to obtain a letter of introduction? (Essential if you wish to access your HCWA funding for early intervention services.) Y N		
Languages spoken at home:		Nationality:	
Your child's current medications:	Please provide details:		

PARENT/CARER DETAILS 1

Surname:		First Name:	
Relationship to child:			
Email:		Phone:	
Postal Address:			Post Code:

PARENT/CARER DETAILS 2

Surname:		First Name:	
Relationship to child:			
Email:		Phone:	
Postal Address:			Post Code:

CURRENT EDUCATION SETTING

Name of School:		Current Year Level:	
Principal:		HOSES:	
Class Teacher/s:			
School Address:			Post Code:
Email:		Phone:	
		Permission to contact:	Y N

OTHER INFORMATION

Doctor (GP):				
Address:			Postcode:	
Email:		Phone:		Permission to contact: Y N

Paediatrician:				
Address:			Postcode:	
Email:		Phone:		Permission to contact: Y N

Psychologist:				
Address:			Postcode:	
Email:		Phone:		Permission to contact: Y N

Occupational Therapist:				
Address:			Postcode:	
Email:		Phone:		Permission to contact: Y N

Speech Pathologist:				
Address:			Postcode:	
Email:		Phone:		Permission to contact: Y N

Other:				
Address:			Postcode:	
Email:		Phone:		Permission to contact: Y N

SUPPORTING DOCUMENTATION

In order to ensure that the best decisions are made for you and your child in the most effective time possible, it is imperative to attach documentation about your child's previous assessments, interventions, medical history and education. Attached (please select):

- Paediatrician's Report stating a current diagnosis of ASD (within the last 24 months)
- Therapy Report/s (eg speech, OT)
- Birth Certificate.

For students already attending school:

- Proof of Verification (confirmation letter or similar if applicable)
- Current School Progress Report
- Current School Individual Educational Plan (IEP)
- Behaviour Support Plan.

CONSIDERATION FOR SCHOOL ENROLMENT

I/We, the legal guardian/s request the child named above to be considered for placement in the Autism Queensland School program. I/We understand that before a placement can be considered:

- All relevant supporting documents have been forwarded to Autism Queensland with this signed application form
- My child's primary and secondary areas of difficulty, age and education support will be taken into account to determine eligibility for the educational program
- Recommendations may involve further assessment by Autism Queensland and/or external agencies before a final decision can be made
- All information will be reviewed by the Principal who will make the final decision regarding placement.

I/We understand that if my child is offered a place in the Autism Queensland School program there will be a trial period of six months, with a review of progress at three months based on the following criteria:

- Child follows student responsibilities as outlined in Placement Conditions
- Parents/carers follow responsibilities as set in Placement Conditions
- Child is able to perform in a group placement and ongoing one-to-one supervision is not required.

I/We understand that if any offer of a placement is accepted:

- I/We will attend a meeting with the Principal or School Team Leader prior to my child beginning placement at which relevant documents will be signed.

By signing below, I/We understand that my child will become a Registered Client of Autism Queensland (if not already registered) and I/We agree to **all terms and conditions** indicated on this form. **(If you have filled out this form online please print out and sign.)**

Parent/Carer name:		Signature:	
Parent/Carer name:		Signature:	
Date:			

PLEASE RETURN COMPLETED FORM:

Via email to: enrolments@autismqld.com.au. By mail to: **The Principal, Autism Queensland School, PO Box 354, Sunnybank QLD 4109. (Please note this address applies for applications to all campuses.)**

Personal and sensitive information collected on this form will be retained and used for the purpose of providing you with Autism Queensland Limited's services and providing information about these services. It may also be used for other purposes such as providing you with information about other services and events, to meet our requirements for government funding in providing services, to monitor and evaluate existing services and plan for future services or for research purposes. Without this information Autism Queensland may be unable to provide you with its service.

The information collected on this form will only be used by Autism Queensland and will not be disclosed to any other person or organisation unless we have your consent or we are permitted by law. If you wish to access or seek correction of your personal information or make a complaint about our handling of your personal information please see Autism Queensland's Privacy Policy, at www.autismqld.com.au or phone (07) 3273 0000.