

# St Peter's Learning Questionnaire

Student Name: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Application Date: \_\_\_\_\_

Please circle

- |   |     |    |
|---|-----|----|
| 1. Does your child currently receive additional support at their current school?  | YES | NO |
| 2. Will your child require additional support whilst attending St Peter's Catholic College?   | YES | NO |
| 3. Does your child currently recognised under NCCD?   | YES | NO |
| 4. Has your child seen a specialist/paediatrician?  | YES | NO |
| 5. Does your child have a current diagnosis (expert assessment of your child's condition)?<br>If YES, please supply a copy of the assessment with your application. | YES | NO |
| 6. Does your child have any other assessments or reports relevant to the school?<br>If YES, please supply a copy of the assessment with your application.           | YES | NO |
| 7. Does your child take ongoing medication?<br>If YES, please supply additional information below:  | YES | NO |

---



---

- |   |     |    |
|---|-----|----|
| 8. Do you consent to your child's current school being contacted for information? | YES | NO |
| 9. Does your child have any special or particular needs?                          |     |    |

Please tick

Please tick

- |                               |                          |                        |                          |
|-------------------------------|--------------------------|------------------------|--------------------------|
| • Acquired Brain Injury       | <input type="checkbox"/> | • Emotional Condition  | <input type="checkbox"/> |
| • ADD                         | <input type="checkbox"/> | • Hearing Impairment   | <input type="checkbox"/> |
| • ADHD                        | <input type="checkbox"/> | • Intellectual Delay   | <input type="checkbox"/> |
| • Asperger's Syndrome         | <input type="checkbox"/> | • Language Disorder    | <input type="checkbox"/> |
| • Autism                      | <input type="checkbox"/> | • Mental Health Issues | <input type="checkbox"/> |
| • Behaviour Disorders         | <input type="checkbox"/> | • Physical Impairment  | <input type="checkbox"/> |
| • Basic Learning Difficulties | <input type="checkbox"/> | • Other                | <input type="checkbox"/> |

### PLEASE NOTE:

Disclosure of student disability or medical information relevant to enrolment is compulsory for all applicants where applicable. Parents and carers are advised that St Peter's/CSBB staff require approval to contact relevant specialists, teachers and access to relevant documentation as needed to establish relevant individual level of support. Depending on your child's specific needs, a number of collaborative meetings may be arranged to share relevant information prior to an offer of enrolment being made to students for Year 7 2024. Families who do not disclose this information cannot be provided with appropriate levels of support within the school and classroom environment and may jeopardise their child's enrolment within the College.

# St Peter's Learning Questionnaire

Student Name: \_\_\_\_\_

9. Please provide below an account of your child - we are interested to know the journey they have been on from initial diagnosis to their point; how they fit into your family; what your hopes are for them and your expectations of St Peter's.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### Declaration/Full Disclosure Clause

I declare that the information on this questionnaire and enrolment application is, to the best of my knowledge and belief, accurate and complete.

I am aware that the withholding of information pertaining to my/our child's academic, wellbeing and/or health status may affect my child's position as a student within St Peter's Catholic College.

Signature of Parent 1

Signature of Parent 2

Print Name

Print Name

Date

Date