

# 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 |

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|---|-----|----|
| 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 ☐
- ADD ☐
- ADHD ☐
- Asperger's Syndrome ☐
- Autism ☐
- Behaviour Disorders ☐
- Basic Learning Difficulties ☐

- Emotional Condition ☐
- Hearing Impairment ☐
- Intellectual Delay ☐
- Language Disorder ☐
- Mental Health Issues ☐
- Physical Impairment ☐
- Other ☐

## 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. 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.

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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.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

### 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