ENROLMENT ENQUIRY FORM

Date of Enquiry:               Year of Enrolment:

Name of child:               Age/DOB:

Name & Address of caller:

Email:

Phone: Home: Mob:

Level of Intellectual Disability:

Mild □ Moderate □

Other Disability: (please specify type)

Down Syndrome □ Vision □ Hearing □ Autism □ Asperger’s □

Dyslexia □ Dyspraxia □ Expressive Language □ Receptive Language □

ADD □ ADHD □ Anxiety □ ODD □ ED/BD □ Cerebral Palsy □ Epilepsy □

Behavioural needs □

Syndrome (please state type) _________________________________________________________

Relationship of caller to child:

Current Preschool attending:

(Class, special unit)

Contact at Pre-school:

How did you hear about St Gabriel’s School?

Comments: