



# ST. GABRIEL'S SCHOOL

FOR STUDENTS WITH HEARING IMPAIRMENT AND OTHER SPECIAL NEEDS

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## 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: