



ST GABRIEL'S

ENROLMENT ENQUIRIES – TELEPHONE / LETTERS ETC

Date:

Year:

Name & Address of caller:

Email:

Phone: Home:

Phone: Work:

Mob:

Name of child:

Age/DOB:

Level of Intellectual Disability:

Mild

Moderate

Other Disability: *(please specify type)*

Down Syndrome **Vision** **Hearing** **Autism** **Aspergers** **Anxiety**

Cerebral Palsy **ADD** **ADHD** **Expressive Language** **Receptive Language**

Epilepsy **Dyslexia** **ODD** **ED/BD** **Dyspraxia** **Wheelchair/Walker**

Behavioural needs _____

Syndrome (please state type) _____

Relationship of caller to child:

Current Pre-school attending:

(Class, special unit)

Contact at Pre-school:

How did you hear about St Gabriel's School?

Friend

Agency

Other

Newspaper

Comments:

Enrolment Interview Date: