



Confidential

The Launceston Preparatory School

APPLICATION FOR ADMISSION

(If a place is available in the School for your child, you will be sent an enrolment form after receipt of this application)

STUDENT

SURNAME: Given Names:

Date of Birth: Gender:

Proposed Date of Entry:

Present School: Present Grade:.....

Does your child have any special needs for which he/she requires extra assistance from our school? If so, please provide details on a separate sheet. Yes No

Is your child transferring from a school outside Tasmania? Yes No

NAMES OF PARENTS OR GUARDIANS

Father: Mother:

Address: Address:

.....

.....

Telephone:

Telephone:

(Home)

(Home)

(Business)

(Business)

(Mobile)

(Mobile)

(Email)

(Email).....

The Launceston Preparatory School respects your privacy. We will endeavour to use the information you provide to us only for assessment and reporting purposes as required by State and Australian Government legislation. Your personal information will be kept securely and confidentially. For more information on the school's privacy policy, please consult the website at www.lps.tas.edu.au or contact the school directly.

I/we have read the Privacy Policy of The Launceston Preparatory School

Please return this form to the Business Manager business@lps.tas.edu.au



The Launceston Preparatory School

QUESTIONS TO GUIDE THE ENROLMENT PROCESS

EDUCATIONAL NEEDS

Does your child have a known disability? (e.g. intellectual, physical, hearing, vision or behavioural)

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Name of disability:

Diagnosed by:

Date of diagnosis:

Report for the school: Yes/No

HEARING AND VISION

Have your child's eyes been tested?

By whom?

Date:

Does your child need to wear glasses, have vision aids, scribes, tutors, etc?

Has your child had a hearing test?

By whom?

Does your child need hearing aids or acoustic considerations in the classroom?

SUPPORT

Does your child receive support from others? (e.g. tutoring, psychologist, physiotherapist, occupational therapist, speech pathologist, etc.)

Please specify the services involved:

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What is the type and amount of support?

Will this support continue while your child is at this school?

Are reports from these agencies available to the school?

CLASSROOM ISSUES

Did your child receive support in his/her previous setting for learning, behaviour or emotional issues? Yes No

Please specify:

Please detail any particular supervision or management that your child requires:

- in the classroom
- moving between classrooms
- in the yard
- to participate in sports, games, camps and excursions

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What are the patterns of school attendance?

MOBILITY

Are there any mobility issues that need to be addressed by the school, including:

- access to the classrooms?
- access to the playground?
- access to the toilet facilities?
- access to general school facilities?

COMMUNICATION

Can your child communicate effectively?

Does your child need any assistance to enhance communication?

Please specify:

INDEPENDENCE

Can your child manage personal care needs independently? (e.g. toilet, dressing, eating, etc.)

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Are there any particular requirements? Please specify:

.....

OTHER

Please detail any other information of which our school needs to be aware in order to accommodate your child's needs:

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