Has the student had a disability assessment before?	No Yes *(specify outcome):* _____
Has the student received individualised disability funding before?	

Enrolling Adult 2

Surname:		**Title:**	
First Given Name:			
Gender:	Male Female Self-described: _____		

No. & Street Address:			
Suburb:			
State:		**Postcode:**	
Preferred language of notices:			
Mobile:		**Work Phone:**	
Home Phone:		**Email:**	

Medication

Does the student take medication?	Yes	No

STUDENT TRAVEL DETAILS

How will the student primarily travel to and from school?				
Walking	School Bus	Train	Driven by parent/carer	Taxi / Ride Share
Bicycle	Public Bus	Tram	Self-Driven	Other: _____

If the student catches public transport to school, what station/stop does their journey commence:	
If the student drives themself to school, what is their Car Registration Number:	

ATTACHMENT – PARENTAL OCCUPATION GROUP CODES

ATTACHMENT – ADDITIONAL PARENT/CARER DETAILS

Enrolling Adult 3

Surname:	**Title:**

Enrolling Adult 4

Surname:			**Title:**	
First Given Name:				
Gender:	Male	Female	Self-described: _____	