



Helping children to speak...and find their voice.

The Glenleighden School Enrolment Application Form



CHI.L.D. Association
33 Cubberla St,
Fig Tree Pocket
QLD 4069
p:07 3378 8625
www.childassoc.org.au



LET'S TALK
Developmental Hub
33 Stoneham Street,
Stones Corner
QLD 4120
p:07 3394 1711
www.letstalk.org.au



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School
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are initiatives of
CHI.L.D. Association*

Child's Surname:		Child's First Name:	
Date of Birth:		Male/Female:	
Is your child currently taking any medication/s?		Details:	
Languages spoken at home:		Nationality:	

Permanent, Temporary and Non-Resident Student Information

Passport Number		Expiry Date	
Visa Type & Subclass		Expiry Date	

Name of School	
District Area	
Current Year Level:	
Principal	
Class Teacher	
School Address	
Phone & Email	
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____	

Special Education Status Information

Disability Category	<input type="checkbox"/> SLI <input type="checkbox"/> ASD <input type="checkbox"/> ID <input type="checkbox"/> Other_____ <input type="checkbox"/> Interstate category	Please attach documentation
Status	<input type="checkbox"/> Provisional <input type="checkbox"/> Verified	
EAP Status	<input type="checkbox"/> Pending <input type="checkbox"/> Validation Date: _____	
Educational Sector	<input type="checkbox"/> Education QLD <input type="checkbox"/> Independent School <input type="checkbox"/> Catholic Education	

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Other Professionals

GP	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			
Paediatrician	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			
Speech Language Pathologist	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			
Occupational Therapist	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			
Physiotherapist	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			
Psychologist	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			
Other	Name		Address	
	Phone		Email	
	Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____			



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The Glenleighden School Enrolment Application Form Consideration for School Enrolment



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I/we, the legal guardian of the child named above, wish to be considered for placement for The Glenleighden School program.

I/we understand the process before a placement can be offered will be:

- ◆ the completion of a communication profile returned in a timely fashion;
- ◆ all information provided and gathered by The Glenleighden School will be reviewed by the Principal;
- ◆ my child's primary and secondary areas of difficulty , age and educational support will be taken into account to determine eligibility for the educational program;
- ◆ recommendations may involve further assessment by The Glenleighden School, LET'S TALK Clinic and/or external agencies before a final decision can be made;
- ◆ my child's position on the current waiting list and available place for the appropriate school year will be taken into account before a place can be offered.

I/we understand that if my child is offered a place in The Glenleighden School program that it will be a provisional 12 month placement, with a review of progress at 6 months based on the following criteria:

- The student continues to have significant communication difficulties which are impacting on learning
- The student has made progress in communication which has had positive impacts on other areas of learning
- The student has demonstrated a response to intervention that supports a diagnosis of Primary Language Disorder (PLD)
- The student continues to meet DETE guidelines to support students with disability funding

I/we understand that if any offer of a placement is accepted:

1. I/we will attend a mandatory interview with the Principal or delegate prior to signing the Enrolment Agreement.
2. My child will be involved in a multidisciplinary assessment for planning purposes to be conducted by LET'S TALK over a number of days and with an approximate once only cost of \$1800. I/we will receive a written assessment report and have an opportunity to discuss my child's assessment results and implications for program planning.

..... Name of Parent / Guardian Signature/...../20..... Date
..... Name of Parent / Guardian Signature/...../20..... Date

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Supporting Documentation

In order to ensure that the best decisions are made for you and your child in the most effective time possible, it is imperative to attach documentation about your child's previous assessments, interventions, medical history and education.

- Attached:
- Speech/Language Assessment Report
(NB A recent assessment by a speech language pathologist is mandatory for consideration for enrolment at The Glenleighden School)
 - Cognitive Assessment Report
(NB A cognitive assessment report is mandatory for consideration for a Year 1-12 Glenleighden School placement. A Visual Motor Integration/ Perceptual assessment may be required for Prep students)
 - Hearing Assessment Report
 - Paediatric Report/s
 - Therapy Report/s
 - Current School Progress Report
 - Current Individual Educational Plan (IEP)
 - Birth Certificate and/or evidence of residency/visa



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Please return completed form to:

Attention: Enquiries and Enrolments Team

Email: info@childassoc.org.au

OR

The Glenleighden School
33 Cubberla St
FIG TREE POCKET QLD 4061
Phone: 07 3378 8625
Fax: 07 3378 8873

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