


Student Details	
First Name:	
Middle Name:	
Surname:	
Other names: (e.g. preferred names)	
Male/Female:	
Date of Birth:	
Street Address:	
Suburb/Town:	
State:	
Postcode:	
Country:	
Intended start date at The Glenleighden School	
Year:	
<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4	
Student Citizenship/Visa status <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> New Zealand Citizen	 Please provide a copy of birth certificate or evidence of citizenship/residency
<input type="checkbox"/> Temporary Resident <input type="checkbox"/> Non-Resident Child	Visa Sub-Class Number: Visa Expiry Date:

SF2

Data Collection – Information required for assessment and reporting purposes

Student: Is the student of Aboriginal or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' responses.)	
No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

Does the student or their parent1/guardian1/carer 1 or their parent2/guardian2/carer 2 speak a language other than English at home? (tick)				
<i>Language</i>	<i>Code</i>	<i>Student</i>	<i>Parent1/guardian1/carer1</i>	<i>Parent2/guardian2/carer2</i>
No, English only	1201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Arabic	4202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Cantonese	7101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Italian	2401	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Vietnamese	6301	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Mandarin	7104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Greek	2201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Spanish	2303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Tagalog	6511	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Hindi	5203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify				


What is the highest year of primary or secondary school the parents/guardians/carers have completed? (for persons who have never attended school, mark 'Year 9 or equivalent or below'). Mark one box only in each column.		
	Parent1/guardian1/carer1	Parent2/guardian2/carer2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>





What is the level of the highest qualification the parents/guardians/carers have completed? Mark one box only in each column.		
	Parent1/guardian1/carer1	Parent2/guardian2/carer2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

What is the occupation group of the parent1/guardian1/carer1?	
What is the occupation group of the parent 2/guardian2/carer2	
Please select from the appropriate occupation group from the attached list (1,2,3 or 4) – see page 15.	
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months or have retired in the last 12 months, please use the person's last occupation. • If the person has not been in paid work in the last 12 months, enter '8' in the space above. 	

SF2

Parent/Legal Guardian/Caregiver Information			
Parent/Legal Guardian/Caregiver 1 Name:		Parent/Legal Guardian/Caregiver 2 Name:	
Residential Address Details		Residential Address Details <input type="checkbox"/> Same as Parent/Legal Guardian/Caregiver 1	
Street Address		Street Address	
Suburb/Town		Suburb/Town	
State		State	
Postcode		Postcode	
Country		Country	
Postal Address Details <input type="checkbox"/> Same as Residential address		Postal Address Details <input type="checkbox"/> Same as Residential address	
Street Address		Street Address	
Suburb/Town		Suburb/Town	
State		State	
Postcode		Postcode	
Country		Country	
Legal Guardian If this person is not a birth or adoptive parent, then legal documentation must be attached Yes <input type="checkbox"/> No		Legal Guardian If this person is not a birth or adoptive parent, then legal documentation must be attached Yes <input type="checkbox"/> No	
Caregiver A person who has responsibility for the general wellbeing child on a day-to-day basis Yes <input type="checkbox"/> No		Caregiver A person who has responsibility for the general wellbeing child on a day-to-day basis Yes <input type="checkbox"/> No	
Main contact A student must have only one main contact Yes <input type="checkbox"/> No		Main contact A student must have only one main contact Yes <input type="checkbox"/> No	
Does this person reside with the child? Yes <input type="checkbox"/> No		Does this person reside with the child? Yes <input type="checkbox"/> No	
Home Telephone Number		Home Telephone Number	
Mobile Telephone Number		Mobile Telephone Number	
Email Address		Email Address	
Work Telephone Number		Work Telephone Number	







Parent/Legal Guardian/Caregiver 1 Name:		Parent/Legal Guardian/Caregiver 2 Name:	
Is this person to receive any of the following forms of communication? Please note, unless requested, we only send electronic copies of school notes and newsletters. <input type="checkbox"/> Report cards/progress reports <input type="checkbox"/> Newsletters <input type="checkbox"/> Invitations <input type="checkbox"/> School Portal Access		Is this person to receive any of the following forms of communication? Please note, unless requested, we only send electronic copies of school notes and newsletters. <input type="checkbox"/> Report cards/progress reports <input type="checkbox"/> Newsletters <input type="checkbox"/> Invitations <input type="checkbox"/> School Portal Access	
Does this person require the assistance of an interpreter? <input type="checkbox"/> Yes Language: <input type="checkbox"/> No		Does this person require the assistance of an interpreter? <input type="checkbox"/> Yes Language: <input type="checkbox"/> No	
Siblings and others living with the Child (e.g. residing partners, grandparents, aunts etc.)			
Name	Relationship	DOB	School/Occupation
1.			
2.			
3.			
4.			
5.			
Please outline additional details about the child's living arrangement below (e.g. How time is divided between separated parents)			
 If applicable, copies of any relevant family law or other court orders must be provided			
Emergency Contact Information – In the event of neither parent/legal guardian/caregiver being contactable			
First contact name		Second contact name	
Home Telephone Number		Home Telephone Number	
Mobile Telephone Number		Mobile Telephone Number	
Email Address		Email Address	
Work Telephone Number		Work Telephone Number	
Circle the priority in which this person is to be contacted in relation to the other persons who could be contacted in the case of an emergency 1 st 2 nd		Circle the priority in which this person is to be contacted in relation to the other persons who could be contacted in the case of an emergency 1 st 2 nd	

Child Medical Details and Health Conditions	
Child Medicare Number:	
Medicare Card Reference Number:	
Doctor's name/medical centre:	
Doctor's address:	
Doctor's phone number:	
Additional Doctor/Specialist	
Doctor's name/medical centre:	
Doctor's address:	
Doctor's phone number:	
<p>Has your child had a hearing test?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please indicate if your child has</p> <p><input type="checkbox"/> Normal hearing</p> <p><input type="checkbox"/> History of ear infections</p> <p><input type="checkbox"/> Previously had or has grommets</p> <p><input type="checkbox"/> Hearing loss</p> <p><input type="checkbox"/> Comment:</p> <p> Please attach most recent audiology report</p>	<p>Has your child had a vision test?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please indicate if your child has</p> <p><input type="checkbox"/> Normal vision</p> <p><input type="checkbox"/> Requires glasses</p> <p><input type="checkbox"/> Other</p> <p>Comment:</p> <p> Please attach most recent optometry report</p>
<p>My child is allergic to:</p> <p><input type="checkbox"/> Insect stings</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Latex</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Nothing</p> <p>Is this a severe allergy (anaphylaxis)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Has a doctor diagnosed this allergy?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Has your child ever been hospitalised with a severe allergic reaction?</p> <p><input type="checkbox"/> Yes Details:</p> <p><input type="checkbox"/> No</p>	<p> If yes, please attach child's ASCIA Action Plan for Allergic Reactions</p> <p>Has your Child been prescribed an adrenaline auto injector (e.g. EpiPen)?</p> <p><input type="checkbox"/> Yes Expiry date:</p> <p><input type="checkbox"/> No</p> <p>Please list any other medication prescribed for this allergy:</p> <p>Other than allergies discussed above, does your child have any food intolerances or special dietary requirements?</p> <p>Food Items:</p> <p>Substitutes (if applicable):</p>
<p>Does your child have asthma?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Has your child ever been hospitalised due to asthma?</p> <p><input type="checkbox"/> Yes Details:</p> <p><input type="checkbox"/> No</p>	<p> If yes, please attach child's Asthma Action Plan</p> <p>Has your Child been prescribed an inhaler SF1</p> <p><input type="checkbox"/> Yes Expiry date:</p> <p><input type="checkbox"/> No</p>

Other Medical Conditions			
Does your child have any of the following conditions?			
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> Blood Pressure		<input type="checkbox"/> ADHD	
<input type="checkbox"/> Respiratory Disease (other than asthma)		<input type="checkbox"/> Autism Spectrum Disorder	
<input type="checkbox"/> Other	Comment:		
Has a doctor diagnosed this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please attach doctor letter	
Has your child been hospitalised with this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	
Does your child have a documented action plan from a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please attach action plan	
Is your child taking prescribed medication for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parents of Children who require a prescribed medication to be administered at school must provide a doctor's instruction letter. Details:	
Has your child had any other illness or operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	
Does your child experience excessive bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	
Has your child ever stopped breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	
Has your child experienced febrile convulsions/fits/seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	
Vaccination schedule for children born on or after 1 May 2000 in SA, NSW, QLD, ACT and NT. Please tick if the following have been given:			
Age	Disease	Vaccine	
Birth	Hepatitis B	HBV	<input type="checkbox"/>
2 months	Diphtheria, tetanus, pertussis & hepatitis B	DTPa-hepB	<input type="checkbox"/>
	Hib	Hib vaccine	<input type="checkbox"/>
	Poliomyelitis	OPV	<input type="checkbox"/>
4 months	Diphtheria, tetanus, pertussis & hepatitis B	DTPa-hepB	<input type="checkbox"/>
	Hib	Hib vaccine	<input type="checkbox"/>
	Poliomyelitis	OPV	<input type="checkbox"/>
6 months	Diphtheria, tetanus, pertussis & hepatitis B	DTPa-hepB	<input type="checkbox"/>
	Poliomyelitis	OPV	<input type="checkbox"/>
12 months	Measles, mumps & rubella	MMR	<input type="checkbox"/>
	Hib	Hib vaccine	<input type="checkbox"/>
18 months	Diphtheria, tetanus and pertussis	DTPa	<input type="checkbox"/>
4 years	Diphtheria, tetanus and pertussis	DTPa	<input type="checkbox"/>
	Measles, mumps & rubella	MMR	<input type="checkbox"/>
	Poliomyelitis	OPV	<input type="checkbox"/>

Health Professionals

Please provide relevant reports and contact details of health professionals who have worked with and know your child. This will help us determine if The Glenleighden School can provide a suitable program for your child's needs. Should your child enrol at our school we may contact the professionals below and seek appropriate information of a clinical, diagnostic or academic nature for the purposes of providing the best intervention and outcomes.

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

SF4

Student History			
<i>The Glenleighden Team seek this information to better understand your child.</i>			
<i>This information will also inform speech and language development and intervention research.</i>			
Have any family members been affected by the following conditions:	Yes	No	Relationship to Child
Delayed speech and/or language development			
Reading and/or other learning difficulties			
Stuttering			
Other communication or developmental disorders (e.g. ASD, ADHD)			
Pregnancy and Birth History:			Comments
Were any of the following experienced during pregnancy?	<input type="checkbox"/> Severe morning sickness <input type="checkbox"/> High blood pressure <input type="checkbox"/> High temperatures <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Drug/alcohol use		
The baby was born by:	<input type="checkbox"/> Vaginal delivery	<input type="checkbox"/> Without any instruments <input type="checkbox"/> With forceps	
	<input type="checkbox"/> Caesarean	<input type="checkbox"/> Elective <input type="checkbox"/> Emergency	
The following complications occurred during or after the birth:	<input type="checkbox"/> Pre-term delivery Weeks of gestation: <input type="checkbox"/> Time in special care nursery <input type="checkbox"/> Faeces detected in amniotic fluid <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Jaundice <input type="checkbox"/> Orthopaedic conditions (e.g. torticollis, hip dislocation, club foot) <input type="checkbox"/> Other		
Toileting History		Age	
Toilet trained- bladder during day			
Toilet trained- bladder during night			
Toilet trained- bowels during day			
Toilet trained- bowels during night			
My child experiences <input type="checkbox"/> Bedwetting <input type="checkbox"/> Toileting accidents <i>Please indicate if this is attributable to ill health, a specific medical condition, emotional upsets or unknown.</i>		Comment:	
Sleep History			
My child has sleep disturbances and/or other issues with sleeping.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:			
My child sleeps:			
<input type="checkbox"/> In his/her own bed <input type="checkbox"/> In parents' bed			
Early Development History:			

You may find it helpful to consult your child's Personal Health Record (Queensland Health Red Book)	
When did your child achieve the following milestones	Age
Look towards sounds	
Use speech-like sounds	
Use body movements to interact and communicate	
Roll over	
Reach for objects	
Push themselves up with arms	
Pick up small things with fingers	
Pull themselves up to standing position	
Walk when holding on to furniture	
Understand simple commands	
Say 'Ma-ma' or 'Da-da'?	
Say another word with meaning	
Walk alone	
Drink from a cup independently	
Use short sentences	
Jump on the spot	
Kick and throw a ball	
Walk down steps without holding on	
Scribble with a pencil or crayons	
Control the pencil well with 3-4 fingers	
Jump, hop, run and climb stairs well	
Feed self	

Section 7: Student Education Information

Current and Previous Schools/Educational Facility

Please provide details of any schools/educational facilities (e.g. ECDP, pre-prep) where your child has previously been enrolled starting with the most recent.

<i>School Name Suburb/Town</i>	<i>Key contact person (e.g. learning support teacher)</i>	<i>Phone Number</i>	<i>Year Levels:</i>	<i>Date Attended From</i>	<i>Date Attended To</i>
	<i>Permission to contact:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>Initial:</i>				
	<i>Permission to contact:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>Initial:</i>				
	<i>Permission to contact:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>Initial:</i>				

Kindergarten Students

In the year before school, has the child been in non-parental care on a regular basis and/or attended any other educational programs? Yes No

If yes, indicate any of the following that apply and show if this was:

Part time (less than 15 hours per week) or
Full time (15 hours or more per week).

- Long Day Care (with a preschool program) Part time/Full time
- Long Day Care (without a preschool program) Part time/Full time
- Family Day Care Part time Full time
- Grandparent Part time Full time
- Other formal or informal care Part time/Full time (e.g. occasional care, playgroup, other relative, nanny, friend, neighbour)

Academic Support and Development

How would you rate the following for your child?

	Significant Difficulties	Below Average	Average	Above Average	Outstanding
Reading					
Written Expression					
Spelling					
Handwriting					
Mathematics					
Organisation					

Does your child receive additional support in school? Yes No

If yes, what type of support have they received?

- Learning Support Teacher School Counsellor/Guidance Officer Parent Helper Teacher Aide
- Advisory Visiting Teacher E.S.L Teacher Inclusion/Integration Teacher Special Education Unit
- I am unsure

Is this support?

- Individual 1:1
- In a small group
- Withdrawn from classroom
- In the classroom
- Consultative (i.e. not directly provided to your Child)
- I am unsure

Is your child supported in school under any of the following Disability Categories?

If unsure, please check with your child's school

- Speech Language Impairment
- Autism Spectrum Disorder
- Intellectual Disability
- Social Emotional Disorder
- Physical Impairment
- Hearing Impairment
- Visual Impairment
- Other (please specify)
- None
- I am unsure



Please attach relevant documentation from your child's school (e.g. EAP transfer note, IEP, ICP, ILP)

Transition Support Information

This section of our application form gives you the opportunity to provide information that will help facilitate the smooth transition of your child to The Glenleighden School. This may include preparing proactive support strategies, a behaviour management plan or risk assessment to meet the needs of your child. The action taken in response to the information you provide will help ensure the emotional well-being, safety and success of your child's transition to The Glenleighden School. It can be helpful to discuss this information with your child's current or past teachers.

Have you any concerns about your child's response to attending a new school?

- Yes
- No

Comment:

What support strategies have been successful for your child in the past during transitions (e.g. social stories, bringing a familiar item to school, verbal reassurance, choice)?

- 1.
- 2.
- 3.

What are your child's interests, talents and motivators?

- 1.
- 2.
- 3.

My child has:

- A positive sense of identity
- Lots of confidence
- Low confidence
- Difficulty accepting changes of routine
- Separation anxiety
- Attachment issues
- Good attention
- Difficulties sustaining attention
- Good self-regulation
- Difficulties with self-regulation
- Hyperactivity
- Bouts of being significantly irritable/unsettled
- Temper tantrums
- Episodes of depression
- Anxiety
- A history of absconding/running away
- Self-determined behaviour
- Poor self-awareness

My child's behaviour can be:

- Compliant
- Helpful
- Withdrawn
- Quiet
- Shy
- Aggressive
- Avoidant
- Resilient
- Assertive

Comments:

<p>Supporting Documentation Checklist</p> <p><i>Before submitting, please attach as many of the following documents as possible.</i></p> <p><i>All mandatory documents are required prior to commencement at school. Please speak to our staff for advice if required.</i></p>
<p><input type="checkbox"/> Speech/Language Assessment Report</p> <p><i>A recent assessment (e.g. CELF-4), completed by a speech language pathologist within the previous 12 months is mandatory for consideration for enrolment at The Glenleighden School.</i></p>
<p><input type="checkbox"/> Cognitive Assessment Report</p> <p><i>For all year 1-12 students, we request a cognitive assessment report (e.g. Wechsler Nonverbal Scale of Ability) completed by a guidance officer/psychologist within the previous 24 months.</i></p> <p><i>For younger students, a visual motor assessment completed by an occupational therapist may be required.</i></p>
<p><input type="checkbox"/> Hearing Assessment Report</p> <p><i>A hearing assessment, completed within the previous 24 months is mandatory for consideration for enrolment.</i></p>
<p><input type="checkbox"/> Birth Certificate and/or evidence of residency/visa</p>
<p><input type="checkbox"/> Relevant Medical Records (e.g. paediatrician letters, allergy and asthma action plans)</p>
<p><input type="checkbox"/> Therapy Reports/Letters</p>
<p><input type="checkbox"/> Recent School Progress Report</p>
<p><input type="checkbox"/> Recent Individual Educational Plan (IEP), Learning Plans (ILP) or Curriculum Plan (ICP)</p>
<p><input type="checkbox"/> Family Law or Other Court Orders</p>

SF3

Terms and Conditions

The Glenleighden School is a service of the CHI.L.D. Association, which trades under the name 'Speech and Language Development Australia' (SALDA).

In referring my/our son/daughter to SALDA for services, I/we acknowledge that:

1. Assessments and /or treatments to be undertaken by SALDA staff may include:
 - a) administration of formal tests considered relevant to diagnosis
 - b) observations of the student's behaviour and performance in educational or other settings (such as classrooms or play- grounds)
 - c) administration of any physical or behavioural examinations considered to be part of the procedures normally undertaken by the professionals concerned (e.g. muscle-tone examinations and/or treatment by a physiotherapist, oral-peripheral examination and/or treatment by a speech language pathologist)
 - d) administration of therapy and/or teaching considered appropriate by SALDA staff
 - e) visit to child's regular school to consult with educational personnel and other relevant professionals, regarding the child, with possible outcomes of ongoing consultative support, treatment, or assessment.
2. SALDA staff may create written records, photos, video or audio recordings of the child and use these in preparing their consultations and recommendations with parents, educational and therapy personnel or other professionals. All records will remain the property of SALDA as medico-legal documents and may subsequently be used for research and/or professional education purposes. The confidentiality of these records will be respected at all times and no use will be made of them for general publications without further consent being sought.
3. SALDA staff may contact persons who are, or have been, directly concerned with the care or education of the child (such as teachers, therapists, and doctors) to seek information about the child's background, abilities and performance that may be relevant to the service being provided. Written reports or accounts may be requested.
4. SALDA staff may use the results of any relevant information available to assist in consulting with the educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes.
5. All services for which a fee applies, unless special arrangements have been approved by the principal of The Glenleighden School, the full amount of the fee is payable. Where SALDA is to provide a verbal consultation or written report, the consultation or report may be withheld in the event that an amount of agreed fees remains outstanding.

Sign:	Date:
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Sign:	Date:
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Terms and Conditions

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 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, SALDA clinic services 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 considered 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 child continues to have significant communication difficulties which are impacting on learning;
 - The child has made progress in communication which has had positive impacts on other areas of learning;
 - The child has demonstrated a response to intervention that supports a diagnosis of Language Disorder;
 - The student continues to meet Department of Education and Training guidelines to support students with disability funding.

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

- I/we will attend a mandatory interview with the Principal or delegate prior to signing the enrolment agreement
- My/our child will be involved in a multidisciplinary assessment for planning purposes to be conducted at The Glenleighden School over a number of days and with an approximate once only cost of \$680. I/we will receive a written assessment report and have an opportunity to discuss my/our child’s assessment results and implications for program planning.

I/we hereby exempt SALDA , its officers and employees from any liability or loss that may result from findings, opinions or recommendations expressed by SALDA staff in relation to the students, and from any liability for any physical injury that may occur to the student whilst under the supervision of SALDA Association staff, on the condition that those staff act conscientiously in accordance with the practices and duty of care normal to their professions.

Sign:	Date:
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Sign:	Date:
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Appendix 1: List of Parental Occupation Groups

GROUP 1: Elected Officials, senior executives/manager, management in large business organisation, government administration and Defence and qualified professionals.

Elected officials (mayor, parliamentarian, alderperson, trade union secretary, board member)

Senior executives/general managers/department heads in industry, commerce, media or other large organisation.

- **Public sector manager** (public service manager (Section head or above), regional director, hospital/health services education)
 - **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]
 - **Defence Forces** (Commissioned Officer)
 - **Qualified professionals** generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems, identify, treat and advise on problems; and teach others.
 - **Health** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
 - **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
 - **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
 - **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
 - **ICT** (computer systems manager, designer, software and applications programmers)
 - **Science** (all scientists)
 - **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
 - **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
 - **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)
-

GROUP 2: Other business managers/professionals

Other business managers/professionals

- **Farm/business owner/manager** (crop and /or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing advertising, public relations manager, human resources manager, call or contact centre manager, human resource professionals)
- **Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loan officer, accountant)
- **Retail sales/service manager** (shop, post office, petrol station, café/restaurant/club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professional

- **Medical, science, architectural, building surveying, engineering, computing, ICT support technician**
 - **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
 - **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
 - **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
 - **Defence Forces** (senior non-Commissioned Officers (NCO))
 - **Other** (library assistant, museum/gallery technician, research assistant, proof reader)
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GROUP 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

Tradespeople generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradespeople are included in the group. (metal fitters and machinists, motor mechanics, structural steel/welding trade workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

Advanced/intermediate clerical, office, sales, carer and service staff

- **Recording clerk** [bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
 - **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
 - **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]
 - **Sales** [sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent]
 - **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
 - **Service** [parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers]
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GROUP 4: Machine Operators, sales/office/service/hospitality staff, assistants, labourers and related workers

Machine operators

- **Drivers or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

Sales office, hospitality staff and other assistants

- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler].
- **Office** [typist, word processing/data entry/business/keyboards/machine operator, receptionist, office assistant, general clerk]
- **Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen hand, porter, housekeeper, fast food cooks]
- **Assistant/aide** [trades' assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Defence Forces ranks below senior NCO

Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

Other worker [labourer, factory hand, storeperson, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office].

GROUP 8: Not in paid work in last 12 months

- *If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months please use the person's last occupation*