Yugumbir State School Enrolment Registration				
Date: Preferred Start Date:		Year Leve	Year Level:	
STUDENT	Γ'S FULL LEGAL NAME:			
STUDENT	I'S PREFERRED NAME:			
DATE OF	BIRTH:	GENDER: [ ] FEN	IALE [ ]MALI	
Address:				
	dent of Aboriginal or Torres Strait Islander o Aboriginal []Torres Strait Islander []Bo	0	ait Islander	
-	CARER CONTACT DETAILS:			
Parent / C	Carer (1) Name:			
Parent/ Ca	arer Mobile:	Work:		
Parent/ Ca	arer Email:			
Parent / C	Carer (2) Name:			
Parent/ Carer Mobile:		Work:	Work:	
Parent/ Ca	arer Email:			
Siblings:	Please list siblings, in order			
_	Name	Year level at YSS	Age if not attending YSS	
List Othe	r Family at YSS: (cousins, step siblings,	etc)		
Previous	School:			
Reason fo	or transfer:			
<u></u>				
Does Pare	ent / Carer speak a language other than	English at home? [] Ye	s [ ]No	
•	at language is spoken at home?			
Does the	Parent / Carer require an interpreter for	the interview? [ ] YES	[] NO	

Signature of	Parent/Guardian:
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Has you	r child seen a Paediatrician?
Details:	

Does your child have a diagnosed or suspected disability?

□ No □ Yes □ awaiting appointment

Vision impairment	Yes / No	Physical disability	Yes / No
Deaf or hearing impaired	Yes / No	Autism spectrum disorder	Yes / No
Intellectual disabilities	Yes / No	Other	Yes / No

Does your child have a NDIS package?  No  Yes  awaiting appointment					
Vision and Hearing Check Dentist	<ul> <li>□ No □ Yes: at what age</li> <li>□ No □ Yes</li> </ul>				
Speech Language Pathology Details:	□ No □ Yes: at what age				
Occupational Therapy Activities to support recuperation from physical or mental Details:	□ No □ Yes: at what age illness				
Physiotherapy Details:	□ No □ Yes: at what age				
Psychologist Details:	□ No □ Yes: at what age				
Have you accessed a family support service?					
Additional information:					