



GOOD SAMARITAN, HINCHINBROOK
SPECIALIST SUPPORT CLASS for Students with Complex Needs
(Intellectual Disability)

Expression Of Interest for Enrolment

Please submit the completed form and copies of all current reports to

Mr James Corcoran

Principal

Good Samaritan Catholic College

401 Hoxton Park Rd, Hinchinbrook NSW 2168

or email to info@gscchinchinbrook.catholic.edu.au

Please note that this form is an Expression of Interest only and if parents/carers proceed to apply for enrolment, they will be required to complete a formal Sydney Catholic Schools Enrolment Form.

Student Details	
Name:	
Date of birth:	
Gender:	
Religion:	
Current School:	
Current Year:	
Parent Details	
Parent / Carer name:	
Mobile number:	
Parent / Carer name:	
Mobile number:	
Address:	

Email:	
What day of the week and time of day is best to contact you?	
Background Information	
<p>Please indicate your child's disability / disabilities:</p> <p><input type="checkbox"/> Intellectual Disability / Developmental Disorder</p> <p><input type="checkbox"/> Speech, Language and Communication Disorder</p> <p><input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Complex Social and Emotional Needs</p> <p><input type="checkbox"/> Hearing Loss <input type="checkbox"/> Vision Impairment <input type="checkbox"/> ADHD <input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Other (Please specify below)</p>	
<p>Please indicate your child's most recent assessment reports:</p> <p>Please attach a copy of your child's most recent assessment reports to this form.</p>	<p><input type="checkbox"/> Psychometric Assessment / Date: _____</p> <p><input type="checkbox"/> Adaptive Functioning Assessment / Date: _____</p> <p><input type="checkbox"/> Behavioural Assessment / Date: _____</p> <p><input type="checkbox"/> Speech and Language Assessment / Date: _____</p> <p><input type="checkbox"/> Occupational Therapy Assessment / Date: _____</p> <p><input type="checkbox"/> Paediatric Report or letter / Date: _____</p> <p><input type="checkbox"/> Medical Report or plan</p> <p><input type="checkbox"/> Other _____ / Date: _____</p> <p><input type="checkbox"/> Other _____ / Date: _____</p>
<p>Does your child have any medical needs? Please provide details:</p>	
<p>Please comment on your child's independence with eating and toileting:</p>	

<p>Please indicate whether your child will require the Assisted Travel Support Program to travel to and from school?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For more information on this program, please visit https://education.nsw.gov.au/public-schools/astp/parents</p>
<p>How does your child communicate? Please provide details:</p>	<p><input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal</p>
<p>Does your child speak a language other than English?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please indicate the language that your child speaks or is exposed to:</p>
<p>Does your child have any behavioural issues? Please provide details:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please indicate the type of support that your child's school is providing:</p>	
<p>Please indicate whether your child's current school has been informed of this Expression of Interest</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>At your child's current school, who would be the best person to contact regarding your child's educational needs?</p>	
<p>Signed</p>	
<p>Date</p>	

Please submit this form and all current reports to:

Mr James Corcoran

Good Samaritan Catholic College

401 Hoxton Park Rd, Hinchinbrook NSW 2168

or email to

info@gscchinbrook.syd.catholic.edu.au

Please note that this form is an Expression of Interest only and if parents/carers proceed to apply for enrolment, they will be required to complete a formal Sydney Catholic Schools Enrolment Form.