Mater Dei
School & Services

APPLICATION FOR ENROLMENT

Student's Surname				
Student's First Name(s)				
Date of Birth				
Address Postcode				
Full Name of Father/Guardian				
Full Name of Mother/Guardian				
Contact Telephone Numbers				
Father/Guardian	Home	**Mother/Guardian**	Home	
	Work		Work	
	Mobile		Mobile	
	Email		Email	
Student's Diagnosed Disability			ie Down Sydrome, Autism Spectrum Disorder etc.	
Level of Intellectual Disability	IM / IO			
Year student started School		Current Class/Year		
Placement for: ☐ Kindergarten		☐ School Yr 1-12		☐ Residential
Reason for enrolment application				
Current educational setting: (name of school/preschool)				
Proposed commencement date if enrolment proceeds				
Proposed transport arrangements				
Other agencies involved				
Where did you hear about Mater Dei?				

PLEASE NOTE
THIS APPLICATION MUST BE ACCOMPANIED BY:
A CURRENT PSYCHOMETRIC ASSESSMENT (no older than 12 months),
A COPY OF BIRTH CERTIFICATE
MOST RECENT SCHOOL REPORT AND CURRENT INDIVIDUAL EDUCATION PLAN (IEP)
$50 NON REFUNDABLE ENROLMENT APPLICATION FEE

Signature _____ Date _____
(Mother/Guardian)

Signature _____ Date _____
(Father/Guardian)