



THE
NATURE
SCHOOL
Early Years

WAITLIST APPLICATION

Current & Future Years

Student Details			
First Name		Proposed commencement	
Middle Name		Age on commencement	
Family Name		Gender	
Date of Birth			

Is your child toilet trained ☐ Yes ☐ No
 Is your child immunised ☐ Yes ☐ No
 This does not exclude your child from enrolment in our Program

Preferred days in order of preference	Monday 9-3		Tuesday 9-3		Wednesday 9-3		Thursday 9-3		Friday 9-12	
Number of days required										

Contact Details		
Details	Parent/Guardian 1	Parent/Guardian 2
Title		
First Name		
Surname		
Work Phone Number		
Mobile		
Email Address		

Additional Needs
Does your child have <input type="checkbox"/> Autism/ASD. <input type="checkbox"/> Behavioural disorders <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Language disorder <input type="checkbox"/> Mental health issues <input type="checkbox"/> Physical disability <input type="checkbox"/> Vision impairment <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Giftedness <input type="checkbox"/> Difficulties in basic areas of learning <input type="checkbox"/> Other Please specify <hr/>

To your knowledge, is there anything in your child's history or circumstances (including medical or behavioural) which may pose a risk of any type to him/her, other students or staff attending the Program. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a brief description: <hr/> <hr/> <hr/>	
Does your child have a history of violent behaviour? Does your child have any history of behavioural problems or bullying?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Health & Safety

To your knowledge, is there anything in your child's history or circumstances (including medical) which might pose a risk of any type to him/her, other students or staff at the school? Yes No

If yes, please provide a brief description:

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues:

Does your child have any history of violent behaviour? Yes No

Does your child have any history of behavioural problems or bullying? Yes No

Has your child ever been suspended or expelled from any previous school? Yes No

AGREEMENTS

Declaration of Accuracy and Signature

I understand that submitting this Register of Interest does not guarantee an offer of enrolment.

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

I am aware that if information I have given is false or misleading, or I have failed to provide important information regarding my child, it may affect any decision to offer enrolment.

I agree to update the School immediately regarding any changes to the information I have provided.

Parent 1:

Please print name: _____

Signature: _____

Date: _____

Parent 2:

Please print name: _____

Signature: _____

Date: _____

Please complete electronically and submit to primaryadmin@thenatureschool.org.au