



BEAUDESERT STATE HIGH SCHOOL

SPECIAL EDUCATION ENROLMENT INFORMATION

Please complete if your student has been verified with a disability or has been learning through the Special Education Program at your previous school.

Parent / Caregiver Information: (please complete details below)

I believe my student _____ has special education needs.

He / she has been verified or profiled with: (please circle)

- Intellectual Disability
- Autistic Spectrum Disorder (ASD)
- Speech Language Impairment
- Physical Impairment
- Visual Impairment
- Hearing Impairment
- English and Second Language Needs (ESL)
 - Please state how long student has been in Australia: _____
 - Language spoken at home: _____
- Other information: _____

Previous school/s student has attended (please list most recent one first):

Date of Birth of student: _____

Enrolling in Grade: _____ Year: _____

Parent / Guardian name: _____

Contact phone number: _____

Signature: _____ Date: _____

Staff Information:

This form must be forwarded to HOSES and GO immediately upon student enrolment. One copy is to remain in their school file, one copy to GO, original to HOSES.