



ISABELLA STATE SCHOOL

Additional Student Information



Child's name:

Has your child:

If yes, please provide details

<i>been diagnosed with a medical condition?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>been diagnosed with a behavioural condition?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>received learning support?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>been on an ICP?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>seen a guidance officer at previous school?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>been suspended from previous school?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>had his/her hearing checked?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>had his/her vision checked?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>visited any specialists e.g, Paediatrician, Occupational Therapist?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>participated in speech language program?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	
<i>been on a managed attendance plan i.e. shortened days?</i>	Yes <input type="checkbox"/> → No <input type="checkbox"/>	

We are a Defence Force Mentor school. We have a Defence mentor working at our school. Are you a defence force family?

Yes
No

OFFICE USE ONLY

- | | | | |
|------------------------------------|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> Principal | <input type="checkbox"/> G.O. | <input type="checkbox"/> STLan | <input type="checkbox"/> Previous school contacted |
| <input type="checkbox"/> D.P. | <input type="checkbox"/> HOC | <input type="checkbox"/> HOSES | |