



Student Application Form

PLEASE
ATTACH
PHOTOGRAPH

Child's Full Name: _____

Child's Address: _____

_____ Post Code _____

Date of Birth: _____ Age: _____ Gender: Male
 Female

Please attach a copy of the child's Birth Certificate

Place of Birth: _____ Child's Nationality: _____

Resident Status: Australian Citizen Resident Overseas

Is the child Aboriginal or Torres Strait Islander? YES NO

For which of our programs would you like this Application Form to be used (please tick – you may tick more than one box)

- Playsteps (a playgroup on Wednesdays, for children with autism, 5 years and under.)
- Early Learning Program (ages 3 – 6)
- School Age Program (ages 5 - 12)
- Secondary School (ages 12 – 18)

Giant Steps Sydney Ltd
ABN 51 087 759 984

"Step House"
23 Punt Road
Gladesville NSW 1675

PO Box 209
Gladesville NSW 1675

This form may collect personal information about you or another person. Where you provide information about another person, you should obtain that person's consent to you providing this information to Giant Steps. You and the other person have a right to access personal information that Giant Steps holds about you. Giant Steps handles all personal information in accordance with its Privacy Policy. For more information or to obtain a copy of our Privacy Policy please contact Giant Steps.

Ph: 02 9879 4971
Fx: 02 9879 4974 |
Em: admin@giantsteps.net.au

Mother's Name _____ Father's Name _____

Mother's Address Same as Child's

Post Code _____

Father's Address Same as Child's

Post Code _____

Ph. No. Mother (home) _____ (mob) _____ (work) _____

Ph. No. Father (home) _____ (mob) _____ (work) _____

Email Address: Mother _____ Father _____

Occupation of Mother: _____

Occupation of Father: _____

Name and age of brother(s) _____

Name and age of sister(s) _____

Child's school history (if applicable): _____

Offer of Place in Playsteps / Early Learning / School Program

This document does not constitute an offer of enrolment. Places will be offered according to availability and student's eligibility and suitability.

Declaration

The information provided in this form and attached documents is true and correct.

Wherever possible, both parents to sign.

Signature of Mother

Signature of Father

Full Name

Full Name

Address

Address

Date

Date

Checklist:

- Completed Application Form
- Full reports of diagnosis from a Paediatrician and a Paediatric Psychiatrist or Clinical Psychologist. Other accompanying documentation may include occupational therapy, speech therapy or psychology reports.
- Immunisation Records
- Read information relating to Offer of Place
- Signed Declaration (above)

Office Use:

Date Received: _____