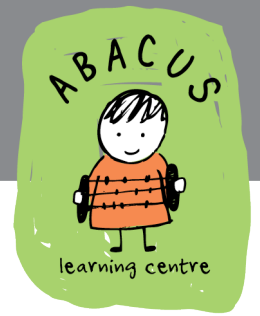


'Count on Abacus' Tutoring



SAVE THIS FORM TO YOUR COMPUTER AND COMPLETE USING **ADOBE® READER®**

Dear Parent/Carer,

1. Please complete all sections of the intake form
2. All information is kept strictly confidential
3. Email completed form to nina.sutton@abacuslearning.org.au

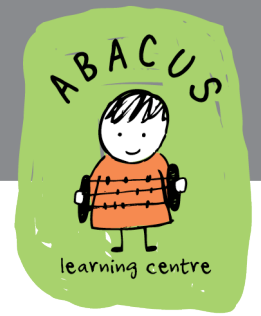
CHILD'S DETAILS

Surname	
Given Name(s)	
Name Child is Called (if different from given name)	
Date of Birth	
Country of Birth	
Language/s spoken at home	
Home Address	
	Suburb Postcode
Postal Address (if different from above)	
	Suburb Postcode

SCHOOL DETAILS

Name of School	
Grade	
Teacher	
Aide (if applicable)	
Aide time (if known)	
Address	
Telephone	

Do you give Abacus staff permission to contact your child's School?	Please tick [] Yes [] No
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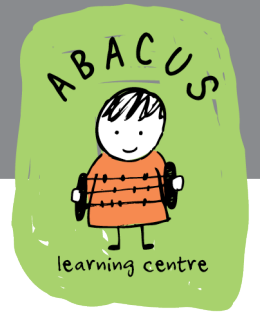
INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIAN

	Parent 1	Parent 2
Name		
Relationship to Child		
Address – as per child or:		
Home Phone		
Work Phone		
Mobile		
Email		
Does the child live with this parent?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		

	Guardian 1 (if applicable)	Guardian 2 (if applicable)
Name		
Relationship to Child		
Address – as per child or:		
Home Phone		
Work Phone		
Mobile		
Email		
Does the child live with this guardian?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No

COURT ORDERS RELATING TO THE CHILD

<p>Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?</p> <p>No <input type="checkbox"/> go to the next section</p> <p>Yes <input type="checkbox"/> please bring the original court order/s for staff to see and a copy to attach to this enrolment form;</p>
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MEDICAL HISTORY

Does your child have any medical conditions / diagnoses?

--

Is your child currently taking any medications?

--

OTHER SERVICES

Are you currently receiving other services, or have you done so in the past and for how long?

Speech	
Psychology	
Tutoring Services	

Please describe the challenges your child is experiencing at home or school. What is the reason for this referral?

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Please attach a copy of the most recent school report if available