

STUDENT ENROLMENT FORM

All student enrolment is to be completed in ACTS. This form can be used to gather the information required for student enrolment in the Arrowsmith Program. Arrowsmith does not require the submission of this form. It can be kept for internal school records.

Today's Date: (month) _____	(day) _____	(year) _____
Student Surname: _____		
Student First Name: _____		
Date of Birth: (month) _____	(day) _____	(year) _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Current Grade: _____
		Dominant Hand: _____
Please Note: If you are entering the student's grade DURING YOUR SCHOOL'S SUMMER HOLIDAY please record the grade the student has just completed.		

Previous Arrowsmith Information

Does this student have a previous Arrowsmith Student ID? Yes No

If yes, indicate the previous Arrowsmith Student ID: _____

If yes, indicate the previous Arrowsmith School Name: _____

If yes, how many years of the Arrowsmith Program has the student completed? _____

Enrolment Details
Enrolment in the Arrowsmith Program: (month) _____ (day) _____ (year) _____
Program Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time On-Site <input type="checkbox"/> MSS + PT On-Site <input type="checkbox"/> MSS <input type="checkbox"/> Assessment <input type="checkbox"/> Cognitive Enhancement <input type="checkbox"/> Whole Cohort
Periods Per Day: _____

Student Profile Details

Is the student Atypical? Yes No

Does the student have below average IQ? Yes No

Does the student have an Asperger's diagnosis? Yes No

Does the student have an identified learning disability or learning difficulty? Yes No

Additional Information:

Parent/Guardian Email Address Contact (if applicable):
