



**2018 – 19 : SUPPORT SERVICES QUESTIONNAIRE**

**Special Education Needs (SEN)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has your child ever been requested to meet with a Special Educator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child ever been assessed for any learning challenge?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was your child receiving any support from a Special Educator?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Will your child require Special Education support?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Counselling**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has your child ever been recommended to meet with a Counsellor/Psychologist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child ever received any support from a Counsellor/Psychologist?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will your child require any counselling support?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Transport:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Will you require the school's service provider's transport service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will you be relocating to a new residence before May 15th 2018?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Lunch:** Will you be subscribing for the school's service provider's catered lunch?  Yes  No

**After School Sports:** Would you be interested in your child participating in these activities?  Yes  No

If yes, then please indicate which after school activities your child would be interested in participating in:

- Performing Arts**  Dance  Theatre **Music :**  Vocals  Drums  Guitar  Keyboard
- Wellness**  Yoga  Martial Arts
- Sports**  Athletics  Badminton  Basketball  Cricket  
 Soccer  Swimming  Tennis

Please share with us any additional information or requests to consider:

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Name of Parent 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Note: This form is to be completed and submitted along with the application form.