

Admission Application Form

1. Applicant's Information			
Family Name		Given Name(s)	
Nick Name (if any)		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Languages Spoken at Home	
Country of Birth		Nationality	
Address			
2. Preferred Program			
Please select one or more options below.			
<input type="checkbox"/> My School Program (3-hour structured session)	<input type="checkbox"/> Coach Me Program (Parent/Carer Support Sessions)		
<input type="checkbox"/> Comprehensive Assessment of Learning and Support Needs	<input type="checkbox"/> Ongoing Educational Counselling and Family Support		
<input type="checkbox"/> Social and Emotional Development Recommendations	<input type="checkbox"/> Home Management Plans		
3. Parent or Carer Information			
Name		Relationship to Applicant	
Email Address		Phone Number	
4. Emergency Contact (Other than Parent/Carer)			
Full Name		Relationship	
Phone Number			

5. Developmental & Learning Information

What are the main concerns or reasons for applying to enroll at Jarjums?

Has your child/applicant received any previous assessments or reports? Yes No
If yes, please provide details or attach reports

Based on the previous assessment, what are the diagnosed conditions of the applicant, if any?

Does the applicant have any known allergies or medical conditions?

What are the applicant's current medications, if any?

Is your child/applicant currently receiving therapy or support elsewhere? Yes No
If yes, please provide details below.

6. Social, Behavioural & Communication Information

Please tick all boxes that apply to the applicant.

Communication	Social Interaction	Behaviour
<input type="checkbox"/> Speaks fluently	<input type="checkbox"/> Prefers playing alone	<input type="checkbox"/> Tantrums
<input type="checkbox"/> Uses limited words	<input type="checkbox"/> Interacts with peers	<input type="checkbox"/> Aggression
<input type="checkbox"/> Non-verbal	<input type="checkbox"/> Difficulty making friends	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Uses gestures/signs	<input type="checkbox"/> Enjoys group activities	<input type="checkbox"/> Attention difficulties
<input type="checkbox"/> Requires support to express needs	<input type="checkbox"/> Sensory sensitivities (please specify):	<input type="checkbox"/> Emotional regulation difficulties
		<input type="checkbox"/> Other (please specify):

7. Current School / Learning Environment Information

Is there any learning support currently in place?

School / Centre Name	
Grade/Class	

8. Declaration

I hereby declare that:

- Applicant name _____, is participating in Jarjums' programs
- I consent to Jarjums educators and therapists conducting observations and developing an individualised learning plan for the applicant;
- I consent to Jarjums communicating with the applicant's school or external professionals, with my prior permission;
- I consent to Jarjums using anonymised data related to the applicant for internal program development and improvement.

Parent/Carer Name		Relationship to Applicant	
Signature		Date Signed	

9. Office Use Only

Date Received		Program(s) Approved	
Program Start Date		Assigned Team Member	