



Christ Church  
Grammar School  
PERTH, WESTERN AUSTRALIA

**Application for The Peter Moyes Centre (PMC)**

**PLEASE PRINT**

Full Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Current Year Level \_\_\_\_\_

Proposed Entry Level \_\_\_\_\_ Proposed Entry Year \_\_\_\_\_ Boarder  Day Boy

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Are any of the immediate family Christ Church Old Boys? YES  (Please name below)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have other sons registered or currently enrolled at Christ Church? YES  (Please name below)

Name \_\_\_\_\_ Entry Level and/or Year \_\_\_\_\_

Name \_\_\_\_\_ Entry Level and/or Year \_\_\_\_\_

**REFERRAL INFORMATION**

Why do you feel that your son requires support from the Peter Moyes Centre? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your son been assessed by a specialist? NO  YES  (Please give details below)

Name & Title \_\_\_\_\_ Date Assessed \_\_\_\_\_

Name & Title \_\_\_\_\_ Date Assessed \_\_\_\_\_

Name & Title \_\_\_\_\_ Date Assessed \_\_\_\_\_

Name & Title \_\_\_\_\_ Date Assessed \_\_\_\_\_

**EDUCATIONAL NEEDS**

Does your child have a known disability (for example, intellectual, physical, autism spectrum disorder, hearing, vision, emotional behaviour disorder, speech and language impairment, medical/health condition)? NO  YES

Nature of Disability \_\_\_\_\_

Diagnosed by \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Is your son in an Education Support Unit at the moment? NO  YES

If yes, please give name of Unit \_\_\_\_\_

How does your son adjust to school situations?

Requires an education assistant  Will need some support  No support needed

What activities at school do you think may affect your son’s performance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your son receive funding? NO  YES  (Please give details below) \_\_\_\_\_

\_\_\_\_\_

***Please provide Christ Church with copies of any specialist reports related to diagnosis. This information is required by AISWA for funding purposes. Children will not be allocated any Government funding without proof of diagnosis from the relevant specialist.***

**HEARING AND VISION**

Have your son’s eyes been tested? \_\_\_\_\_

By whom? \_\_\_\_\_ Date \_\_\_\_\_

Is there written information to assist the School? \_\_\_\_\_

Any past history of sight problems? \_\_\_\_\_

Does your child need to wear glasses, have vision aids, scribes, tutors etc? \_\_\_\_\_

Has your son had a hearing test? \_\_\_\_\_

By whom? \_\_\_\_\_ Date \_\_\_\_\_

Is there written information to assist the School? \_\_\_\_\_

Is there a history of hearing or ear problems? \_\_\_\_\_

Does your child need aids, acoustic considerations in the classroom? \_\_\_\_\_

**INDEPENDENCE**

Can your son manage personal care needs independently (toilet, dressing, eating, positioning)?

\_\_\_\_\_

Are there any particular requirements?

\_\_\_\_\_

**SUPPORT**

Does your child receive support from, for example, a psychologist, physiotherapist, occupational therapist, speech pathologist or access assistant?

Which services are involved, for example Princess Margaret Hospital, Centre for Cerebral Palsy, Therapy Focus, Autism Association, Mildred Creek, ISADD, Down Syndrome Association, Family and Youth Services, WA Institute for Deaf Education, Vision Impairment Services, Blind Association, Disability Services Commission, community health services, private practitioners?

What is the type and amount of support?

Will this support continue whilst your son attends Christ Church?

Will these agencies provide consultancy support whilst your son attends Christ Church?

***Please provide the School with copies of reports from these agencies. These reports are required for planning purposes and to access funding through AISWA. Please keep Christ Church informed with up-to-date copies of reports prior to enrolment as your son’s needs and circumstances may change over time.***

**CURRICULUM**

What support did your child receive in his previous setting?

Does your son require particular supervision or management:

- To and from school \_\_\_\_\_
- In the classroom \_\_\_\_\_
- Moving between classrooms \_\_\_\_\_
- In the playground \_\_\_\_\_
- For participation in sport \_\_\_\_\_

Will your child require particular arrangements to participate in sports, games, camps and excursions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PARENTAL DETAILS**

**MOTHER**

Name & Title \_\_\_\_\_

**FATHER**

Name & Title \_\_\_\_\_

With whom does your son reside?    Both     Mother     Father     Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PLEASE ATTACH COPIES OF SPECIALIST REPORTS WITH THIS APPLICATION**

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**Funding**

If your son is offered a place at Christ Church Grammar School, he may be eligible for Special Education funding through AISWA (Association of Independent Schools of Western Australia) to assist him to access the curriculum. Christ Church Grammar School will make an application to AISWA on your behalf, however all applications are required to be supported with documentation. In accordance with the Privacy Act we request your permission to forward any relevant documentation about your child that may assist us in gaining funding approval.

If your child has previously attended an Independent School in Western Australian and received Special Education funding at this school, your child’s previous funding application details (including points allocated and supporting documentation) may be held by AISWA (Association of Independent Schools of Western Australia – includes all non-government, non-Catholic schools). In this event, according to the Privacy Act, AISWA needs your permission for funding points and documentation to be transferred to Christ Church Grammar School.

The funding is imperative in Christ Church Grammar School’s provision of appropriate support for your son. *Please complete the details overleaf* and return to the Admissions Registrar as soon as possible.

Thank you for your co-operation.

Part A: *Permission for transfer of documents from AISWA to school*

In the event that your son has previously attended an Independent School in Western Australia (includes all non-government, non-Catholic schools), are you aware of your child receiving Special Education funding at this school?

YES

NO

If you answered YES, what was the name of this school?

\_\_\_\_\_

I \_\_\_\_\_ give my permission for AISWA (Association  
(Parent/Guardian Name)  
of Independent Schools of Western Australia) to transfer to Christ Church Grammar School  
any funding points allocated to my child at their previous AISWA school, and in doing so, I agree to the transfer of  
all documents held by AISWA as evidence of my son's disability.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Part B: *Permission for transfer of documents from school to AISWA*

I \_\_\_\_\_ give my permission for Christ Church Grammar School  
(Parent/Guardian Name)  
to forward any documents related to \_\_\_\_\_  
(Student name)  
that may assist in gaining AISWA Special Education funding.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date