



POTENTIAL STUDENT INFORMATION FORM



Torrens Rd Campus:

Senior School Campus
85A Torrens Road
Brompton SA 5007
Telephone (08) 8346 4041

Beach Campus:

Senior School Campus
181 Beach Road
Christies Beach SA 5165
Telephone (08) 8384 8288

Little Para Campus:

Middle School Campus
55 Downton Ave
Salisbury North SA 5108
Telephone (08) 82853109

Integrate Campus:

Year 7-9 Campus
90 Beafield Road
PARA HILLS WEST SA 5096
Telephone (08) 8281 8277

Please complete in full and fax back to BBCS. BBCS will schedule an appointment in regard to potential student upon receiving this document. Please include EDSAS attendance and behaviour management data for the previous 12 months. This information is required prior to an interview commencing. If documents are of a sensitive nature, please indicate on this form and bring to interview.

The interview does not guarantee an enrolment at BBCS. Once the parent / carer and student agree that BBCS is the best educational option they are to inform the Head of Campus (HOC) who will consult with the school's Leadership team & Behaviour Coach. At this point the HOC or delegate will contact the Behaviour Coach & parents/carer to inform them of induction dates or whether the student will undergo a 4 week trial at BBCS to ensure the student will attend the school regularly and is willing to commit to the school programs. Subject to the trial, the enrolment is finalised. Enrolment enquires go to the Head of Campus or you may ring the Principal (Torrens Road campus) to discuss any queries. BBCS will charge the school of origin four TRT days to support student induction and transition.

[Government of SA Information Sharing Guidelines](#)

Behaviour Coach/Attendance Officer: _____ Region: _____ Ph: _____

Interview Date: _____ Name of Student: _____ GOM :

EDID: _____ DOB: _____ Age: _____ Year Level: _____

(If student is Guardianship please provide letter)

Name of Parent/Caregiver: _____

Address: _____

Ph: Home _____ Work _____ Mobile _____

Student Ph: Mobile _____

Emergency Contact Person: _____ Relationship to student _____

Ph: Home _____ Work _____ Mobile _____

Current School: _____ School Contact Person: _____

Exclusion (current school - date, reason, placement): _____

Gender: F / M

School Card Holder: Y / N

Aboriginal/Torrens Straight Islander: Y / N

Non-English Speaking Background: Y / N

NEP It is highly recommended that the current NEP's is presented at the interview.

Level of support _____ Date of last NEP review: _____

One Child One Plan Print 'One Child One Plan' and add a copy to the Application.

ADDITIONAL SUPPORT / FUNDING/SALARY

Please note: if there is funding attached to the student you must complete section below)

What is the disability?

Intellectual

Speech/Language

Autism Spectrum

Soc/Em/Behaviour

Other: _____

IESP: Yes No Category

RAAP Funding: Yes No Comments: _____

Who referred student to Bowden Brompton Community School? _____

Challenging behaviours: 1 2

Student Risk Management Plan: Yes No **PLEASE ATTACH**

Positives/hobbies/favourite subjects/vocational goals: _____

Other BBCS Students Known: _____

CURRICULUM

Overall patterns of achievement

Recent Grades (Term/Semester)

ACARA Outcomes –standard levels across subjects:

SACE or other accredited learning:

SACE PLP:

Literacy & Numeracy

Recent NAPLAN levels (below, level with, or above benchmarks)

Year _____ Literacy Level _____ Year _____ Numeracy Level _____

Comment on strengths/areas for development

Other Levels in Lit/Num determined through any other relevant testing by school or Guidance Officer:

Brief Case History:

OTHER SERVICES INVOLVED: (Please describe their involvement)

Agent/Services		Contact	Comments/Assessment Reports Available
SIW Coordinators	<input type="checkbox"/>	_____	_____
Guidance Assessment	<input type="checkbox"/>	_____	_____
Disabilities	<input type="checkbox"/>	_____	_____
Speech Pathologist	<input type="checkbox"/>	_____	_____
Social Worker	<input type="checkbox"/>	_____	_____
Aboriginal Ed	<input type="checkbox"/>	_____	_____
Attendance	<input type="checkbox"/>	_____	_____
Learning Centre	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

OTHER AGENCIES INVOLVED:

Agent/Services		Contact	Comment/Assessment Reports Available
CAMHS	<input type="checkbox"/>	_____	_____
Families SA	<input type="checkbox"/>	_____	_____
GOM or VCA	<input type="checkbox"/>	_____	_____
Hospitals	<input type="checkbox"/>	_____	_____
Options Co-ordinator	<input type="checkbox"/>	_____	_____
ENU - Exceptional Needs Unit	<input type="checkbox"/>	_____	_____
Psychiatrist / Psychologist	<input type="checkbox"/>	_____	_____
Physiotherapist	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

MEDICAL, PSYCHIATRIC, or PHYSICAL CONDITIONS:

Condition

Medication

Dr or Psych

_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a current Health Care Plan? Y/N

Date _____ **ATTACH**

PREVIOUS SCHOOLS ATTENDED (last 2 years):

School

Date

_____	_____
_____	_____
_____	_____

EXCLUSIONS / SUSPENSIONS:

Date

Reason

Placement

_____	_____	_____
_____	_____	_____
_____	_____	_____

ESSENTIAL BEHAVIOURAL ISSUES: (Please indicate the behaviours of the student and describe them in order of concern)

Attendance

Number of days absent for the last 12 months: _____

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Peers

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Teachers

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Emotions / Social issues

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Verbal aggression

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Physical aggression

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Medication

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Illicit drugs / Substance abuse

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Police issues / Legal obligations

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

ADDITIONAL BEHAVIOURAL ISSUES: (Please indicate the behaviours of the student and describe them in order of concern)

Depression

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Self-Injurious Behaviour / Suicide

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Domestic Violence

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Absconding

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Bizarre or Unusual Behaviour

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Agitation / Anxiety

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Moods

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

Other

Not a concern Rarely an issue Sometimes an issue Frequently an issue Ongoing/current concern N/A

ADDITIONAL COMMENTS:

PARENT/CARER COMMENTS: