



WAITING LIST APPLICATION

DETAILS

CHILDS NAME: (FIRST)..... (SURNAME)

CHILDS D.O.B:

ADDRESS: (STREET)

..... (SUBURB) (POSTCODE)

PARENT 1 DETAIL: (FIRST)..... (SURNAME)

PHONE:(HOME)(WORK).....(MOBILE)

EMAIL:

OCCUPATION:.....

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PARENT 2 DETAIL:(FIRST)..... (SURNAME)

PHONE:(HOME).....(WORK)..... (MOBILE)

EMAIL:

OCCUPATION:.....

.

PREFERRED AEIOU CENTRE

MOOROOKA

BRAY PARK

TOWNSVILLE (opening 2008)

TOOWOOMBA

PARK RIDGE (opening 2008)

CHILD'S SPECIFIC DIAGNOSIS (PLEASE ATTACH PAEDIATRICIANS DIAGNOSIS – Application WILL NOT be accepted without an official diagnosis attached))

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.....

Will/does your child currently attend SEDU or DAY CARE or other educational programs? (PLEASE SPECIFY)

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How did you find out about AEIOU?

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.....

Conditions of Application.

Privacy Policy

AeioU is bound by the Principles contained in the Privacy Act (1998). Information provided in this form will be considered confidential and will be used only for the purpose for which it was provide or a directly related secondary purpose.

AeioU is unable to provide an estimated time that a suitable placement will become available however you will be notified immediately as soon as one becomes available.

I have read, understood and accept the conditions of my application.

Parent/Guardian signature

Date