



**Macquarie University Special Education Centre  
(MUSEC School)**

**APPLICATION FORM**

**SECTION A**

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

Age: \_\_\_\_\_

Preferred commencement term at MUSEC: (e.g. Term 1 2025): \_\_\_\_\_

What year will the child be in at commencement? (e.g. Year 2): \_\_\_\_\_

Current Photo  
of your child

**PARENT/CAREGIVER DETAILS**

Child resides with: Both Parents ☐ Parent 1 ☐ Parent 2 ☐ Other Caregiver ☐

PARENT 1 / CAREGIVER (if a person other than the child's parent is making the application)

Parent 1 / Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

PARENT 2 / CAREGIVER (if a person other than the child's parent is making the application)

Parent / Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_



Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Is your child an Aboriginal or Torres Strait Islander? \_\_\_\_\_

Was your child born in Australia? Yes ☐ Go to Section B No ☐ Please answer the following questions

Child's country of birth: \_\_\_\_\_

Length of time in Australia: \_\_\_\_\_

Does your child/family have Australian residency? \_\_\_\_\_

If not, please supply your visa details: \_\_\_\_\_

Main language spoken at home:

Child: \_\_\_\_\_

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Other languages spoken at home:

Child: \_\_\_\_\_

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

## SECTION B

Is your child fully immunised? \_\_\_\_\_

Is your child receiving medication? \_\_\_\_\_

If yes, please provide details

\_\_\_\_\_



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Does your child have any allergies? \_\_\_\_\_

If yes, please provide details

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Does your child have any behavioural difficulties?

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## SECTION C

School or Preschool at which child is currently enrolled: \_\_\_\_\_

Address:

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Phone number:

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Number of years of primary schooling completed (as at the end of this year):

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Has your child ever been included in a special school, special class or unit, or received integration funding? \_\_\_\_\_

If yes, please provide details (i.e. when, where)

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Does your child currently have an Individualised Learning Plan? \_\_\_\_\_

Please briefly describe the child's difficulties (where applicable) in the following areas:

Literacy Skills

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Numeracy Skills

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Has your child had a standardised reading assessment within the past six months?

(e.g. Neale Analysis, YARC)

Yes ☐

Chronological Age at time of testing:

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Reading Age Accuracy at time of testing:

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Reading Age Comprehension at time of testing: \_\_\_\_\_

No ☐

Please attach copies of any reports you have on your child's basic skills of literacy and/or numeracy (i.e. school reports or reports on academic performance by an educational psychologist).

## Section D

Does your child have an intellectual disability?

No ☐ Go to Section E

Yes ☐

Please answer the following.

Please indicate the IQ score (full score only):

All students are required to provide a psychologist's report stating Full IQ score regardless of the disability. If your child has an intellectual disability, you must attach results of an approved individual test of intelligence (e.g. WISC, WPPSI, Stanford Binet) conducted by a School Counsellor, Guidance Officer or Educational Psychologist. Because the IQ assessment must include standard scores a developmental assessment such as the Griffiths Mental Development Scales is not acceptable. The report must be less than 12 months old. Refer to 'Criteria for Eligibility' for documentation guidelines.

## Section E

Does your child have a language disability?

No ☐ Go to Section F

Yes ☐

Please answer the following.

Receptive Language Score/Range: \_\_\_\_\_

Expressive Language Score/Range: \_\_\_\_\_

Name of Speech Pathologist: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has a language disability, you must attach results of an accepted standardised language test (e.g. CELF) conducted by a Speech Pathologist. The report must include standard scores. The report must be less than 12 months old. Refer to 'Criteria for Eligibility' for documentation guidelines.

## Section F

Does your child have autism?

No ☐ Go to Section G

Yes ☐

Please answer the following.

Please provide a brief description of behaviours and communication needs.

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If your child has autism you must attach a diagnostic report from a specialist medical practitioner and/or a registered psychologist with relevant experience. Refer to 'Criteria for Eligibility' for documentation.

### Section G

If your child is accepted into the School, would you like your telephone number and/or email address included in a school list to be distributed to other parents (i.e. for social functions and/or car-pooling)? Please note that your details will not be given out unless you give permission.

No

☐

Yes

☐

Preferred phone number \_\_\_\_\_

Email \_\_\_\_\_

Is there any other medical, educational or other relevant information (e.g. issues relating to safety) of which we need to be aware? \_\_\_\_\_

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How did you hear about MUSEC School? \_\_\_\_\_

I understand that MUSEC School may need to send my child's documentation to the Association of Independent Schools NSW and/or the Department of Education to ensure that the documentation is adequate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I have read the details of MUSEC School provided and hereby apply for a place in the program for my child.



Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please ensure you have attached:

- a. Results/reports relating to academic achievement (ie literacy and/or numeracy)
- b. A recent IQ/psychometric assessment report (compulsory)
- c. Language Disability documentation (if applicable)
- d. Autism documentation (if applicable)
- e. Copy of visa (if applicable)
- f. A comprehensive paediatric diagnosis and assessment (compulsory)
- g. Immunisation History Statement or overseas equivalent (compulsory).

Please return Application form to – [musec.registrar@mq.edu.au](mailto:musec.registrar@mq.edu.au)