



Churchlands Senior High School

An Independent Public School

Application for Enrolment



Name of Student: _____

Year Level: _____

Commencement Date: _____

APPLICATION FOR ENROLMENT

General Information

A parent or legal guardian applying to enrol a child in a government school should complete this form. Only permanent residents of Australia and those children holding an approved visa sub-class number are eligible to be enrolled in a government school. Only students under the age of eighteen years can be enrolled and must be accompanied by a parent(s) or legal guardian.

Resident in Local Intake Area

The school can only guarantee places for a student whose family is currently residing within the boundaries of the Churchlands Senior High School local intake area as have been determined by the Department of Education of Western Australia. A map of this area is available from the school should you need to know these boundaries or may be viewed on the school web site.

The map shows local intake and optional areas. Please note that where the area is marked optional, parents exercise the choice of school to send their child to.

Application for Enrolment

This is an application for enrolment only – submitting this form to the school does not mean that the enrolment has been accepted by the school. The Principal will firstly need to determine if there is classroom accommodation and whether an appropriate educational program can be provided for your child at the school. Once determined, the Principal will need to fully consider the information provided on the application form.

For parents applying to enrol their children in schools for next year, you will be advised of the outcome of your application by early fourth term. If your child has gained enrolment from outside the local intake area into a specialist program, their siblings will not be guaranteed enrolment in the school.

It is a requirement of the Department of Education that any information on suspensions and exclusions must be provided to the school at the time of applying to enrol a child. This information will help the school to provide your child with the appropriate support, if required.

Children currently under suspension from a government school cannot be enrolled at another government school until the suspension period is over. Children who have previously been suspended or excluded from a government school may be required to enter into a behaviour agreement with the school if enrolment is to be accepted.

Please be aware of the following sections of THE SCHOOL EDUCATION ACT 1999.

Division 2, 20 (1) The Principal of a school may cancel the enrolment of an enrolled student at the school if the Principal is satisfied that:

- a) The enrolment was obtained by the giving of false or misleading information; or
- b) Section 17 has not been complied with.

Section 17 requires notification be given to the Principal in a manner determined by the school of the following change of particulars:

- (i) Usual place of residence
- (ii) Court orders pertaining to the child
- (iii) Details of any conditions of the child that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school (16.1.g)
- (iv) Legal guardian of the child.

PLEASE RETURN TO:

**The Principal
Churchlands Senior High School
20 Lucca Street
CHURCHLANDS WA 6018**

Note: We do not accept enrolments via email.

Confidentiality

All information provided on this form will be treated confidentially. The Department of Education's Information Privacy and Security Policy and Section 242 of the School Education Act 1999 preclude this information from being used for any purpose other than:

- To determine whether your application for enrolment can be accepted
- To assist the school with addressing any needs for your child if enrolment is accepted; and
- To comply with legal requirements or ministerial directions.

PREVIOUS SCHOOL INFORMATION

Name of school at which student is currently or last enrolled: _____

Current Academic Year: _____

If previously enrolled in Home Education, specify the Education District: _____

Has your child ever been suspended/ excluded from a school? Yes No

OTHER PROVISIONS

Does the student receive Education Assistant time? Yes No

Is the student in the care of the Department for Child Protection and Family Support (DCP)? Yes No

Name of DCP Case Manager: _____

District: _____

Phone: _____

Address: _____

Is the student subject to any Court Orders (e.g. Access Restrictions) in respect of their care, welfare and development? Yes No

If **YES**, please specify the nature of the Order and attach a photocopy of the most recent order.

CURRENT MUSIC STUDENTS

(You are required to be in the SIM program to enrol in Music)

Does the student learn an instrument with the School of Instrumental Music (SIM) at primary school? Yes No

What instrument does the student learn at school? _____

Do you wish to continue with the SIM lessons at CSHS? Yes No
(Please note this includes the classroom music program, mandatory choir and ensemble participation)

STUDENT HEALTH CARE SUMMARY

EMERGENCY CONTACT INFORMATION (other than parents/guardians)

This number will be used in the event parents/guardians are not reachable.

Title _____ First Name _____ Last Name _____

Relationship to student _____

Phone _____

Mobile Number _____

MEDICAL DETAILS

Doctor's/ Practice Name _____ Phone Number _____

Dentist/ Practice Name _____ Phone Number _____

I give permission for the school to seek medical/dental attention for my child as required? Yes No

Do you have ambulance insurance? Yes No Insurance Provider: _____

If there is a medical emergency, parents/guardians are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Health Care Card

Yes No Card Number _____

Expiry Date _____

Medicare

If required – for children requiring regular emergency care

Card Number _____

Expiry Date _____

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication.

Long term medication – Complete the *Medication* section of the relevant health care plan (see below).

Short term medication – Request an *Administration of Medication* form to complete and return to the school.

Note – All medication required must be supplied by parents/guardians.

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? Y N

Note – If your child is enrolled in a TAFE or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will **require support** from school staff?

No If your child's requirements change, please notify the school.

Yes Please complete the next section of this form. *If there is a health condition you will be given additional forms to complete.*

HEALTH CONDITION(S)		
	<u>Tick Health Condition</u>	<u>Will school staff require specific training to support your child?</u>
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Minor and Moderate Allergies	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seizures	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Activities of Daily Living	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vision condition	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing condition (e.g. otitis media)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosed Migraine/Headaches	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other conditions or needs (please specify)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise the school.
<i>If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the school.</i>		
DIAGNOSED LEARNING DIFFICULTY		
Does the student have a diagnosed learning difficulty		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked any of the disabilities below, you <u>MUST</u> provide supporting documents (at time of enrolment).		
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Deaf and Hard of Hearing (e.g. otitis media)	
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Specific Speech Language Impairment	
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Global Developmental Delay (prior to age 6)	
<input type="checkbox"/> ADD/AD	<input type="checkbox"/> Severe Mental Disorder	
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Central Auditory Processing Disorder (CAPD)	
<input type="checkbox"/> Dyspraxia	<input type="checkbox"/> Autism Spectrum Disorder	
<input type="checkbox"/> Dysgraphia	<input type="checkbox"/> Other _____	

CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN		
If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.		
I give permission for my child's " medical details and photo " to be on view for staff. Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please attach photo to the relevant health care plan(s).		
MEDICAL ALERT INFORMATION		
Does your child have a Medic Alert bracelet or pendant?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details: _____		

FAMILY DETAILS

CUSTODY/ GUARDIANSHIP	
Who does the student live with?	Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Neither <input type="checkbox"/>
In split custody arrangements show the percentage split as determined by Centrelink. (This information must be included).	Mother ____ % Father ____ % Other ____ %

RESIDENTIAL FAMILY		
Mailing Title (e.g. Mr, Mrs, Ms, Mr and Mrs, Miss or Dr) : _____		
	Parent 1 (Female)	Parent 2 (Male)
Title		
First Name		
Surname		
Relationship to Student		
Nationality		
Country of Birth		
Language other than English		
Business Phone		
Mobile Phone		
Occupation		
Employer		
Pension/Health Care/ Veterans Affair's Card (<i>Medicare not applicable</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IMPORTANT		
Mobile Phone for SMS (absence notification):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Preferred email for correspondence:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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ADDITIONAL BIOLOGICAL PARENT DETAILS (<i>if parents are separated</i>)			
Indicate if you wish written correspondence to be sent to additional parent. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Title		Number/Street	
First Name		Suburb	
Surname		Postcode	
Relationship to Student		Home phone	
Nationality		Mobile	
Country of Birth		Occupation	
Email		Employer	

PARENT/GUARDIAN INFORMATION

<p>What is the highest year of primary or secondary school you have completed?</p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="2">Parent/Guardian</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>Year 12 or equivalent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Year 11 or equivalent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Year 10 or equivalent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Year 9 or equivalent or below</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p><i>(If you did not attend school, mark 'Year 9 or equivalent or below')</i></p>		Parent/Guardian			1	2	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>	<p>What is the level of the highest qualification you have completed?</p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="2">Parent/Guardian</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>Bachelor degree or above</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Advanced diploma/Diploma</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Certificate I to IV (including trade certificate)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>No non-school qualification</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Parent/Guardian			1	2	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>	Advanced diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
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<p>What is your occupation group? (Write 1, 2, 3, 4 or 8) Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/></p>																																					

Please select the appropriate parental occupation group from the list provided below. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

Parent/Guardian Occupation Groups

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>Skilled Office, Sales and Service</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators. Hospitality staff [hotel service supervisor, receptionist, wait/bar attendant, kitchen hand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word, processing/data entry/business machine operator, receptionist, office assistant]</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</p> <p>Assistant/aide [trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

These categories have been determined nationally and are designed as broad occupational groupings. Australian states and territories use the same categories

ICT ACCEPTABLE USE POLICY

The school's ICT resources exist to provide access to curriculum related information. By using these resources, students are agreeing to use resources such as computers, the network, the Internet and peripherals in a responsible and appropriate manner.

If you use the online services of the Department of Education you must agree to the following rules. Infringement will mean cancellation of network privileges for a period of time. Additional disciplinary action may also be taken.

- I will ask the permission of a staff member to access ICT resources. I will follow the instructions of teachers and only use online services for purposes which support my learning and educational research.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- I will use online facilities (including emails) in an appropriate manner and not to access, send or redistribute inappropriate materials. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity, or downloading files (games, music, programs etc), or chatting with friends (backwards and forwards), or sending games, or inappropriate links. I will not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education. If I find any information that is inappropriate or makes me feel uncomfortable I will tell a teacher about it.
- I will not use the Department's online services for personal gain or illegal activity, to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks. Storage devices (this also includes web based email attachments) must be scanned for viruses.
- I will take reasonable care to prevent any damage to any device issued to me by the school.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented. I will be courteous and use appropriate language in all Internet communications.
- I will abide by copyright law. I will not copy and/or distribute another's work without correctly acknowledging them. I will not use or distribute material from another source unless authorised to do so by the copyright owner.
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation. I will not alter any file or application on the computer. I will report any damages I notice on any ICT resources to my teacher.
- I will use my own username to logon to the network. I will not access other people's online services accounts. I will not give anyone my password and I will not let others use my online services account. I understand that I am responsible for all activity in my online services account. I will tell my teacher if I think someone has interfered with or is using my online services account.
- When I have finished using a computer I will logoff. It is my responsibility to ensure my user account is secure. I understand that the school and the Department of Education may monitor any information sent or received and can trace activity to the online services accounts of specific users. I understand that I will be held responsible for my actions while using online services and for any breaches caused by allowing any other person to use my online services account.
- I understand I may be held legally liable for offences committed using online services.

I agree to abide by the acceptable usage agreement for school students.

I understand that if I am given an online service account and break any of the rules in the agreement it may result in disciplinary action, determined by the Principal in accordance with the Department's *Behaviour Management in Schools* policy.

Name of Student: _____

Please Print

First Name

Last Name

Signature of Student: _____

Date: _____

PERMISSIONS/ COMMITMENTS

I give permission for the school to publish images of my student in school journals, school website, newspaper etc.

Y N

My child and I agree to comply with all school policies including Dress Code and Behaviour Policy.

Y N

The School Curriculum and Standards Authority requires three occasions for granting of permission for the release of information:

- Release of student results for the granting of an award;
- Student name and address for organisations sending out career information;
- The School Curriculum and Standards Authority requests to use a student's answers to WACE questions in educational publications.

Y N

Y N

Y N

DECLARATION

I declare that the information provided on this Enrolment Form is true and correct.

Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Signature of Student _____

**Please present this enrolment form after checking
that the required documents are included.
(Please see back page for checklist)**

FINAL CHECKLIST

Parent
Check Office
Check

COMPULSORY DOCUMENTS	↓	↓
1. Proof of Residence		
i. If owner occupied, provide a copy of your current Rates Notice <u>OR</u> If renting, provide a copy of your Lease Agreement minimum of 12 months tenancy from a registered Real Estate Agent	<input type="checkbox"/>	<input type="checkbox"/>
ii. Must provide latest Electricity Account	<input type="checkbox"/>	<input type="checkbox"/>
iii. Plus one of the following:		
• Latest Gas account <u>OR</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Current bank statements showing the address <u>OR</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Driver's licence <u>OR</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Removalist documents	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Australian Childhood Immunisation Record (ACIR) <i>(Please refer to the enclosed Department of Health pamphlet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Most Recent School Report	<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of Australian Citizenship <u>OR</u>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Residency Status <i>(if born overseas)</i>		
• Passport copy – biographic page	<input type="checkbox"/>	<input type="checkbox"/>
• Passport copy – stamped page of the first arrival date into Australia	<input type="checkbox"/>	<input type="checkbox"/>
• Visa Grant Notice <i>(issued by the Australian Department of Immigration and Border Protection)</i>		
i. Primary visa holder	<input type="checkbox"/>	<input type="checkbox"/>
ii. Dependent's visa (student enrolled)	<input type="checkbox"/>	<input type="checkbox"/>
6. Supporting documents for learning disabilities <i>(If you have selected YES for Diagnosed Learning Difficulty on page 5.)</i>	<input type="checkbox"/>	<input type="checkbox"/>