



Please complete and submit the student information form with supporting documentation at or prior to the interview.

The identification of additional support needs will not affect the enrolment decision. However, a full discussion is encouraged to enhance the school's ability to plan and support your child.

A. STUDENT INFORMATION

Surname		First Name	
Preferred Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
State		Postcode	
Date of Birth	/ /	Birth Place	
Birth Certificated Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal/Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No

The School Education Act 1999 requires the provision of:

16. Information required when applying to enrol

G... " details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G)

The Disability Standards for Education 2005 <https://www.education.gov.au/disability-standards-education-2005>

4.2 Enrolment standards (1) The education provider must take reasonable steps to ensure that the prospective student is able to seek admission to, apply for enrolment in, the institution on the same basis as a prospective student without a disability, and without experiencing discrimination.

To assist the school to respond to individual requirements please detail any additional needs your child has in the following area(s) that may affect his/her learning, participation, or welfare during school hours.

B. INDIVIDUAL NEEDS

Medical/ Health Care/ Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.	

Communication Needs	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Physical	<input type="checkbox"/>

Self-Care	<input type="checkbox"/>
Sensory Needs (e.g. Vision/Hearing)	<input type="checkbox"/>
Socio-emotional	<input type="checkbox"/>

C. EXTERNAL SERVICE PROVISION

Parish		Suburb	
Does your child receive any services from an external agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide more details:			
Name of Service Provider		Contact Number	
Name of Service Provider		Contact Number	

C. IMMUNISATION RECORD (Application to an imminent enrolment commencement)

F - Fully Immunised	N - Not Immunised	I - Incomplete Immunisation	P - Personal Objections
Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	Rubella	<input type="checkbox"/>
		Diphtheria	<input type="checkbox"/>
		Pertussis (whooping Cough)	<input type="checkbox"/>
		Polio (OPV)	<input type="checkbox"/>
		Tetanus	<input type="checkbox"/>
Immunisation Record Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. MEDICAL INFORMATION (Application to an imminent enrolment commencement)

Family Doctor / Medical Clinic		Contact Number	
Address			
Dentist / Dental Clinic		Contact Number	
Address			
Medicare Number		Private Health Fund	
Address			
Dentist / Dental Clinic		Contact Number	
Blood Group (if known)			

F. MEDICAL EMERGENCY AUTHORISATION

(Application to an imminent enrolment commencement)

I acknowledge that the school will seek medical/dental attention, call an ambulance, or hospitalise my child when considered reasonable as part of its duty of care to students.

Signature of Parent / Carer /Guardian	<input type="text"/>	Date of Signature	<input type="text"/> / <input type="text"/> / <input type="text"/>
			MM / DD / YY
Signature of Parent / Carer /Guardian	<input type="text"/>	Date of Signature	<input type="text"/> / <input type="text"/> / <input type="text"/>
			MM / DD / YY