

SINGLE STUDENT DETAILS FORM

SECTION 1:

STUDENT NAME: _____

Preferred Name: _____

Enrolling in Grade: _____ Student Email Address: _____

Date of Birth: ____/____/____

Gender: Male Female Other

Birth Certificate Sighted: YES No **BIRTH CERTIFICATE** Birth Certificate attached:

In which country was the student born? Australia

Other – please specify: _____

Is the student of Aboriginal or Torres Strait Islander origin?
(For students of both Aboriginal & Torres Strait Islander origin, mark both 'YES' boxes)

YES, Aboriginal
 YES, Torres Strait Islander
 NO

Does the student speak a language other than English at home?
 NO, English only
 YES, please specify: _____

SECTION 2: PREVIOUS SCHOOL HISTORY:

1. _____ Grade: _____ Year: _____

2. _____ Grade: _____ Year: _____



PREVIOUS SCHOOL REPORTS

Previous school reports attached: YES NO

Residential Address If different from parent details: _____

Suburb: _____ Postcode: _____

SECTION 3: TRANSPORT

Is School Transport required to pick up and drop off your child? (A small fee is applicable).
(please check with the Office Staff if transport is available in your area) YES NO

Names of brothers and sisters attending this school: _____

SECTION 4: LEGAL ISSUES AFFECTING THIS STUDENT

Are there any legal issues concerning the student (e.g. Court Orders, DVO, Child Protection)? IF NO please go to SECTION 5

If YES: Please select from the following: DVO COURT ORDERS CHILD PROTECTION



A: PLEASE ATTACH THE SUPPORTING DOCUMENTATION.

Are there any limitations on contact between the student and a parent or another person?
 YES NO (Go to SECTION 5)

IF YES:

B: PLEASE ATTACH A COPY OF THE CURRENT COURT ORDER OR REGISTERED PARENTING PLAN THAT CONTAINS THE LIMITATION/S.

Document A: Attached to This Application

Document B: Attached to This Application

SECTION 5: MEDICAL

Does the student have a verified learning or other disability? YES NO



IF YES

PLEASE ATTACH THE SUPPORTING DOCUMENTATION.

If yes, please specify the nature of the disability: _____

* Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records.

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Development Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need?

If yes, please specify YES NO

- | | |
|---|--|
| <input type="checkbox"/> Allergy - Anaphylaxis | <input type="checkbox"/> Hearing condition (e.g. otitis media) |
| <input type="checkbox"/> Allergy - Other: _____ | <input type="checkbox"/> Mental health or behavioural |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive health care need |
| <input type="checkbox"/> Diagnosed migraine / headaches | <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) |
| <input type="checkbox"/> Other: _____ | |

(You will need to complete a separate Health Care Authorisation)

SECTION SIX: PARENTAL SIGNATURE

In signing this enrolment form you and your child are agreeing to abide by the rights and responsibilities of the school, as outlined in the school handbook, and you are agreeing to abide by the schools' policies and procedures.

PARENT / CARE PROVIDER 1

PARENT / CARE PROVIDER 2 (if applicable)

Date: ____/____/____