

# ENROLMENT APPLICATION



(confidential)

## SECTION 1 – STUDENT DETAILS

Family name		Given name(s)	
Preferred name	D.O.B. / /	Male / Female (please circle)	
Current Pre-school/ School		Current Year Level (if applicable)	
Student resides with (please circle)	Both	Father/Guardian	Mother/Guardian
Names and ages of any brothers and sisters			

## SECTION 2 – EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1 (if parents not available)	EMERGENCY CONTACT 2 (if parents not available)
<b>Name:</b>	<b>Name:</b>
<b>Relationship to Student:</b>	<b>Relationship to Student:</b>
<b>Phone number:</b>	<b>Phone number:</b>

## SECTION 3 – MOTHER OR FEMALE GUARDIAN DETAILS

Given name		Family name	
Street Address			
Mailing Address (if different from above)			
Email address			
Home phone		Mobile	
Occupation		Highest year of schooling completed	
Health Care Card number (if applicable)		Highest level of qualification (please tick)	<input type="checkbox"/> Bachelor Degree or above
Language, other than English, spoken at home (if applicable)			<input type="checkbox"/> Advance Diploma or Associate Degree
Signature			<input type="checkbox"/> Certificate 1 – 4
			<input type="checkbox"/> Trade Certificate
			<input type="checkbox"/> Unknown
Date		<input type="checkbox"/> Not Applicable	

## SECTION 4 – FATHER OR MALE GUARDIAN DETAILS

Given name		Family name	
Street Address			
Mailing Address (if different from above)			
Email address			
Home phone		Mobile	
Occupation		Highest year of schooling completed	
Health Care Card number (if applicable)		<input type="checkbox"/>	Bachelor Degree or above
Language, other than English, spoken at home (if applicable)		<input type="checkbox"/>	Advance Diploma or Associate Degree
Signature <span style="float: right;">Date</span>		<input type="checkbox"/>	Certificate 1 – 4
		<input type="checkbox"/>	Trade Certificate
		<input type="checkbox"/>	Unknown
		<input type="checkbox"/>	Not Applicable

## MEDICAL DETAILS

### SECTION 1 – MEDICAL CONDITIONS

Does your child suffer from any of the following?

*Please write any details briefly here then request the relevant form listed below:*

Epilepsy or fits	
Allergies to drugs	
Food allergies	
Asthma	
Other	

***If you have answered YES, you will need to complete the KVS Medication Consent Form and Medical Management Plan***

Does your child suffer from Anaphylaxis? YES NO

***If you have answered YES, you will need to complete the KVS Medication Consent Form and Medical Management Plan***

Does your child require any medications? YES NO

*If you have answered YES, you will need to complete the KVS Medication Consent Form and Medical Management Plan*

Has your child been immunized against Tetanus? YES NO

Date of last injection / /

Does your child have any special needs? (please circle)

Visual

Auditory

Physical

Social

Other

Details:

## SECTION 2 – MEDICAL CONTACT DETAILS

### HEALTH PROFESSIONAL ( eg doctor)

NAME

CLINIC TITLE

ADDRESS

PHONE

### DENTIST

NAME

CLINIC TITLE

ADDRESS

PHONE

## SECTION 3 – IMMUNISATION

*It is State Government Policy that all children will be immunized against Diphtheria, Tetanus, Poliomyelitis, measles and mumps before entry into Primary School. If your child is not immunized, please enclose a medical summary/statutory declaration of immunisations, or a letter registering a conscientious objection.*

I have attached: (please circle)

A letter of objection

An Immunisation Record