



## ENROLMENT FORM – (PART B)

This form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school directly if there are changes needed to update the form.

*Parent information about Enrolment in a Western Australian public school* (below) provides important information to read before lodging the Enrolment Form with the school.

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre English as an Additional Language or Dialect (EAL/D) Program.  
Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

### ENROLMENT

#### Parent information about Enrolment in a Western Australian public school

#### INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be on the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent (see definition below) residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

You may need to provide up to date information about your child's immunisation status when you complete the Enrolment Form.

#### TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email [enquire@pta.wa.gov.au](mailto:enquire@pta.wa.gov.au) or telephone 136213. Some special programs include transfer arrangements.

#### CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

The Department of Education will provide a report about enrolled children whose immunisation status is 'not up to date' to the Department of Health when requested. The Department of Health will provide assistance to the families of under-vaccinated children. Children whose immunisation is 'not up to date' may be required to stay away from school if an outbreak of a vaccine preventable disease occurs.

## INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background.

Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

## CONSENT FORMS (ATTACHMENT 2)

The following forms are attached for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Local Excursions:	Agreement to minor excursions, not including excursions which require individual agreement.

## STUDENT HEALTH CARE

The Department's *Student Health Care policy* clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date Student Health Care Summary which is included in this booklet. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.



Year of enrolment: \_\_\_\_\_

Year level : \_\_\_\_\_

## STUDENT ENROLMENT FORM

*(For enrolment in a Western Australian Public School)*

**This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students.** For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please refer to *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school. (see Application for Enrolment Guidelines on the school's website [www.thornlieshs.wa.edu.au](http://www.thornlieshs.wa.edu.au))

Note: If you are typing the information into this form, doubleclick the check box  and select the radio button under the heading 'Default value 'Checked'' and click OK. e.g. .

### STUDENT DETAILS

Surname: \_\_\_\_\_ Legal Surname (if different): \_\_\_\_\_

Previous Surname (if applicable): \_\_\_\_\_

1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ 3<sup>rd</sup> Name: \_\_\_\_\_

Preferred 1<sup>st</sup> Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

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

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Student's Mobile (if applicable): \_\_\_\_\_

Car Registration (if applicable): \_\_\_\_\_

Full Name/s of brothers and sisters attending this school:

\_\_\_\_\_

### Student lives with:

Both Parents .....

Parent/Guardian/Carer 1 .....

Parent/Guardian/Carer 2 .....

Independent minor .....

Other.....

**Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

### Emergency Contacts (Indicate contacts in order of preference):

	Name	Phone No.	Mobile No.	Relationship to student
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1.	_____	_____	_____	_____
----	-------	-------	-------	-------

2.	_____	_____	_____	_____
----	-------	-------	-------	-------

3.	_____	_____	_____	_____
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**STUDENT DETAILS – ADDITIONAL INFORMATION**

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old shows my child’s vaccination status is  Up to date  Not up to date as at \_\_\_\_\_ (date of Statement)  
OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at \_\_\_\_\_ (date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at \_\_\_\_\_ (date of Certificate)

Nationality (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_. Is the student to be withdrawn from religious instruction?  YES  NO

Student’s First Language: \_\_\_\_\_

Is the student’s descent: .....Aboriginal  YES  NO

.....Torres Strait Islander (TSI)  YES  NO

.....Both Aboriginal and TSI  YES  NO

Does the student speak a language other than English at home?..... YES  NO

Does the student mainly speak English at home? ..... YES  NO

(If more than one language, indicate the one that is  NO, English only

spoken most often.)

YES, other - please specify: \_\_\_\_\_

Australian Citizenship/Permanent Resident: ..... YES  NO

Date of Arrival in Australia: \_\_\_\_\_ Visa Sub-class No: \_\_\_\_\_ Visa Sub-class No Expiry Date: \_\_\_\_\_

International Fee Paying (if known): ..... YES  NO

Does the student receive any of the following allowances:

Secondary Assistance

Youth Allowance

Assistance for Isolated Children (AIC)

Abstudy

Previous School: \_\_\_\_\_

Reason for change of school (optional): \_\_\_\_\_

If previously enrolled in Home Education, specify the Education Region: \_\_\_\_\_

Movement reason (optional): \_\_\_\_\_

**CONFIDENTIAL**

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? ..... YES  NO

If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support’s (CPFS) Director General? ..... YES  NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

## CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

## STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) included in this booklet is to be completed for all students.

*Note:* For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability?  YES  NO If YES, please specify the disability/s:

\_\_\_\_\_

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 Developmental 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? YES  NO

If YES, please specify and evidence required.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis          | <input type="checkbox"/> Hearing condition (eg otitis media)                    |
| <input type="checkbox"/> Allergy – Other _____          | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding)           |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Diagnosed migraine/headaches   | _____   |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | _____   |

Medical Practice (Name and Address): \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dental Surgery Practice (if applicable, name and address): \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Medicare No: \_\_\_\_ / \_\_\_\_ Valid to: \_\_\_\_ / \_\_\_\_

Health Care Card (if applicable):  YES  NO. If Yes, please provide no. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have ambulance cover? .....  YES  NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

## PARENT / GUARDIAN DETAILS

### Parent/Guardian 1 Details

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the:  Day to day care of the student **or**  Long term care of student.

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address):

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Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home? .....  YES  NO

Do you speak a language other than English at home?  NO, English only  YES, other - please specify:  
(If more than one language, indicate the one that is spoken most often)

\_\_\_\_\_

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

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### Parent/Guardian 2 Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Please indicate whether you have the:  Day to day care of the student **or**  Long term care of student.

Fees and charges billing:  YES  NO If no, who is responsible: \_\_\_\_\_

Postal Address (if different from student residential address):

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Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Do you mainly speak English at home? .....  YES  NO

Do you speak a language other than English at home?  NO, English only  YES, other - please specify:  
(If more than one language, indicate the one that is spoken most often)

\_\_\_\_\_

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? \_\_\_\_\_ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

#### OTHER CONTACT(S) DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student: \_\_\_\_\_

Postal Address (if different from student residential address):  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Workplace location: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Please advise the school if there are any other contacts you would like recorded.**

#### PLEASE NOTE

***In the event that an enrolled student moves to a place of residence outside of the school's local intake area then the enrolment may come under increased scrutiny.***

#### SCHOOL UNIFORM STATEMENT

***Acceptance of enrolment at the school is deemed as an agreement between the parent/guardian, enrolling student and school that the student will comply with the School Uniform Policy. In addition, see the School's policy on [www.thornlieshs.wa.edu.au](http://www.thornlieshs.wa.edu.au) and the [Student's online policy, Department of Education](#).***

#### PRIVACY AND INFORMATION SHARING

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

#### SIGNATURE

Name of person enrolling student:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(independent minors and those aged 18 years or older may sign on their own behalf)

#### APPROVAL OF PRINCIPAL OR DELEGATE

\_\_\_\_\_  
Signature  
Approved / Not approved  
Date: \_\_\_\_\_

## OFFICE USE ONLY

Student's official documentation all sighted (Date): \_\_\_\_\_  YES  NO

Birth certificate  Passport  Travel document/s

Student's Residency status: ..  Local  Permanent Resident

Overseas Student: If yes, International fee paying: .....  YES  NO

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

Previous School: \_\_\_\_\_ Records received:  YES  NO

Publications/Internet Permission Form completed: .....  YES  NO

Contributions and Charges Billing:  PG1: \_\_\_\_%  PG2: \_\_\_\_%  Other: \_\_\_\_%

Official documentation:  PG1: \_\_\_\_  PG2: \_\_\_\_  Other: \_\_\_\_\_  
(including reports, to be sent to)

AIR immunisation history statement provided:  YES  NO

Date of Issue: \_\_\_\_\_ Vaccination status is  Up to date  Not up to date

If not up to date, additional request/s for documentation on date/s: \_\_\_\_\_

Other immunisation evidence provided: AIR Immunisation History Form  YES  NO

Immunisation Certificate issued by the Chief Health Officer  YES  NO

Form/Class: \_\_\_\_\_ House Faction: \_\_\_\_\_

Approved by Principal:  NO  YES on (Date): \_\_\_\_\_

Entered on School Information system by: \_\_\_\_\_ on (Date): \_\_\_\_\_

Student leaves school: (Date) \_\_\_\_\_ Date Transfer Note Sent: \_\_\_\_\_

Destination: \_\_\_\_\_

Records received from transferring school:  NO  YES on (Date): \_\_\_\_\_

### RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

1. **Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
2. **Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
3. **Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
4. **Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
5. **Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**



# ATTACHMENT 1

## Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation.</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator.</p> <p><b>Other administrator</b> [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> 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><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing].</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p><b>Service</b> [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p><b>Drivers, mobile plant, production/ processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p><b>Sales</b> [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><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p><b>Other worker</b> [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. All Australian states and territories use the same categories.

## Consent Form

At Thornlie Senior High School we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

### **MEDIA CONSENT**

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see Appendix F of the [Student's online policy, Department of Education](#)

### **INTERNET ACCESS**

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the [Student's online policy, Department of Education](#)

### **VIEWING CONSENT**

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

### **LOCAL EXCURSIONS**

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

The school also has the Newsletter accessible on the Website. Please subscribe to [www.thornlieshs.wa.edu.au](http://www.thornlieshs.wa.edu.au)

Name of student: \_\_\_\_\_ Year/Class/Room: \_\_\_\_\_

Name of person signing the consent form:

Title: \_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please indicate relationship to the student (e.g. parent/guardian/responsible person): \_\_\_\_\_

\_\_\_\_\_

# FORM 1 – STUDENT HEALTH CARE SUMMARY

## SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

<b>FAMILY CONTACT DETAIL</b>	<b>MEDICAL DETAILS</b>
------------------------------	------------------------

Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
	Doctor 2: Telephone:
	Dental Practice: Telephone:
	Name of Dentist: Telephone:
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: <b>If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.</b>
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: Card Number:
Telephone: (W) (H) (M)	Medicare No. (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 at school.  
**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 principal or class teacher.  
**Note:** All medication required must be supplied by parents/carers

## 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? Yes  No   
**Note:** If your child is enrolled in a TAFE, PEAC 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  - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Yes  - complete the remainder of this form and return to the school office. You will be given additional forms to complete.  
 List your child's health condition(s): \_\_\_\_\_

## SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & 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"/>

**Other Conditions or Needs (Please specify)**

	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<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  NO   
 If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.

Name:

Date of Birth:

School:

**SECTION C: 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  No

If yes, please attach photo to the relevant health care plan(s).

**SECTION D: MEDIC ALERT INFORMATION**

Does your child have a Medic Alert bracelet or pendant? Yes  No

If yes, provide details: \_\_\_\_\_

Signature:

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Name: \_\_\_\_\_

**ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS**

**Note: Where appropriate students should be encouraged to participate in their health care planning.**

**Office Use Only**

Does the child have an allergy that needs to be flagged on SIS? Yes  No  Date:

Have relevant health care plans been issued to the parent? Yes  No  Date:

Medical Health – Evidence Provided Yes  No  Date:

Has the Principal been informed if:

• specific training is required to support the student? Yes  No

• the student's health care information is to be restricted? Yes  No

Date *Student Health Care Summary* was completed and uploaded on SIS: / /