



Student Enrolment Form

Student's Name

Use full legal names, and then preferred names (but only if different).

Surname _____

First Name _____

Middle Name _____

Preferred First _____

Preferred Surname _____

Personal

Please leave Student Code, NSN, and Student Type for the office.

Date of Birth (dd/mm/yy) _____

Gender male female

Intended Start Date _____

Intended Year Level _____

Student Code _____

NSN _____

Student Type _____

Specify any siblings (including half or step) who are attending or have attended this school:

Primary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Early Notification (mobile ph no or email address required)

Physical Address _____

This is the student's place of residence

Secondary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue. Please nominate one bill payer.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Early Notification (mobile ph no or email address required)

Physical Address _____

This is the student's place of residence

Emergency Contact

Surname _____

First Name _____

Relationship to student _____

Salutation _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Medical Contacts

Doctor _____

Medical Centre _____

Phone _____

Other Medical _____

Pastoral Notes

Please include any other information you'd like to share about your child, or any of the contacts. This could include Postal Address if this differs from the physical address, religion, talents, interests, siblings who might attend the school in the future, living arrangements, times contacts are available, court order details etc.

Consents

Please check the consents that you agree with for your child.

Sudden Injury

I give permission for the school to make decisions in case of sudden illness or injury of my child.

Panadol

I give permission for the school administer Panadol to my child without needing to contact me first.

Community Health / Dental Nurse

I give permission for my child to be assessed and treated by the School Dental Nurse, or any Community Health members.

Publication of Original Works

I give permission for the school to publish original works of my child in any school publications, along with my child's name, class and age.

Publication of Photo

I give permission for the school to publish any photos of my child, along with their name, age and class in any school publication. Alternatively, I give permission for the school to publish:

Photo only, no names

Photo and first name only

Class List

I give permission for my child's name, phone, physical address, the name of my child's primary contact and other contact details to be recorded in a class list.

Future Schools

I give permission for my child's name and contact details to be forwarded to potential intermediate or secondary schools.

Internet

I give permission for my child to have supervised access to the internet while at school.

Outdoor Education

I give permission for my child to partake in Outdoor Education provided by the school.

I give permission for my child to partake in LaunchPad (Christian Values Education Programme.)

Declaration

I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Name _____

Signature _____

Document Check

Please include copies of the following documents

Verification of Identity

Immunisation Certificate

Proof of Address

