Lakelands PRIMARY SCHOOL

**2017**

**APPLICATION FOR ENROLMENT FORM**

# LAKELANDS PRIMARY SCHOOL

**YEARS 1-6**

OFFICE USE ONLY

Date received:_____

| | | |
|---|---|---|
| Birth certificate sighted: | YES ☐ | NO ☐ |
| Immunisation records | YES ☐ | NO ☐ |
| Proof of Residence | YES ☐ | NO ☐ |
| Visa/Passport sighted | YES ☐ | NO ☐ |
| Family Court Order sighted | YES ☐ | NO ☐ |

**APPLICATION: ACCEPTED/NOT ACCEPTED**

**1. PERSONAL DETAILS** (PLEASE PRINT ALL DETAILS BELOW)

| | | | |
|---|---|---|---|
| Child's surname | Given names | Date of birth | Sex (M /F) |
| Surname of parent/responsible person | Given names | Mr/Mrs/Ms | |
| Residential Address (must be completed) | | Postcode | |
| Nearest intersecting street | | | |
| Postal Address (if different from residential address) | | Postcode | |
| Telephone – Home | Mobile Phone No | | |
| Work (if convenient) | Email | | |

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?
Please indicate (√) YES ☐ NO ☐

If applicable, year level child currently enrolled in (e.g. Year 6)

If applicable, name of school at which the child is currently or was last enrolled:

Are you applying to enrol in a specialist program at this school? Please indicate (√) YES ☐ NO ☐
Name of specialist program:

Will there be any brothers or sisters attending this school? Please indicate (√) YES ☐ NO ☐
Names and year levels:

** Is your child currently under suspension from a school? Please indicate (√) YES ☐ NO ☐ N/A ☐
If yes, name of school:

** Has your child ever been excluded from a school? Please indicate (√) YES ☐ NO ☐ N/A ☐
If yes, name of school:

**2. WAS APPLICANT BORN IN AUSTRALIA** Please indicate (√) YES ☐ NO ☐

**PERMANENT RESIDENT OF AUSTRALIA?** Please indicate (√) YES ☐ NO ☐

If no, please indicate date entered Australia:_____VISA SUB CLASS No:_____

**LANGUAGE SPOKEN AT HOME?** _____

**BACKGROUND LANGUAGE OTHER THAN ENGLISH?** _____

**3. DISABILITY/MEDICAL CONDITION?**

This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate (√)

| Physical | Intellectual | Other | Medical Condition |
|---|---|---|---|
| YES ☐ NO ☐ | YES ☐ NO ☐ | YES ☐ NO ☐ | YES ☐ NO ☐ |

Please outline nature of disability/medical condition:

**I declare that the information provided on this form is true. *If applying for a kindergarten or pre-primary program, I also declare that this is the ONLY application I have made.***

Signature of parent/responsible person _____ Date _____

*** These questions are unlikely to apply to kindergarten and pre-primary children.*

# FORM 1 – STUDENT HEALTH CARE SUMMARY

## SECTION A

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

| FAMILY CONTACT DETAIL | MEDICAL DETAILS |
|---|---|
| Name:<br><br>Relationship to student | Medical Practice<br>Doctor 1: Telephone:<br>Doctor 2: Telephone:<br>Dental Practice:<br>Name of Dentist: Telephone: |
| Address: : | I give permission for the school to seek medical/dental attention for my child as required. Yes ☐ No ☐ |
| Telephone: (W)<br>(H)<br>(M) | Do you have ambulance insurance? Yes ☐ No ☐ Insurance Provider:<br>**If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance**. |
| Name:<br><br>Relationship to student: | List any essential information that could affect your child in an emergency e.g. allergy to penicillin. |
| Address: | Health care card: Yes ☐ No ☐ Expiry Date<br>Card Number |
| Telephone: (W)<br>(H)<br>(M) | Medicare No. (If required – for children requiring regular emergency care):<br>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** | ☐ | YES ☐ NO ☐ |
| **Minor & Moderate Allergies** | ☐ | YES ☐ NO ☐ |
| **Diabetes** | ☐ | YES ☐ NO ☐ |
| **Seizures** | ☐ | YES ☐ NO ☐ |
| **Asthma** | ☐ | YES ☐ NO ☐ |
| **Activities Of Daily Living** | ☐ | YES ☐ NO ☐ |
| **Other Conditions or Needs (Please specify)** | ☐ | YES ☐ NO ☐ |
| | ☐ | YES ☐ NO ☐ |
| Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? | | YES ☐ NO ☐<br>If yes, advise the Principal |

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