



STUDENT INFORMATION FORM

WASN:

Office Use Only

Please submit this form and any associated documents prior to enrolment interview

STUDENT DETAILS

Student Surname

First name

Preferred Name

Date of Birth / /

ENROLMENT GROUP

Calendar Year of Admission

School Year Level

CUSTODY/GUARDIANSHIP

Marital Status Married Separated Divorced De facto Widowed

Student Lives With Both Parents Caregiver 1 Caregiver 2 Other
 % %

Are there Custody Or Guardianship arrangements in place? Yes No

If yes, please provide details

Any other conditions enforced by law? Yes No

If yes, please provide details

CONCESSION CARDS

Is the Student listed on a Health Care Card or Pension Card? Yes No

Card Number

Expiry Date



STUDENT INDIVIDUAL NEEDS

The School Education Act 1999 requires the provision of:

"details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G).

To assist the school to respond to individual requirements please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SERVICES?

Psychological or psychiatric services

Yes No

If yes, please provide details

Occupational therapy

Yes No

If yes, please provide details

Speech therapy

Yes No

If yes, please provide details

Vision and/or hearing

Yes No

If yes, please provide details

Learning support

Yes No

If yes, please provide details

Does your child have a diagnosed disability?

Yes No

If yes, please provide details

SERVICES FROM EXTERNAL AGENCIES

Does your child receive any services from an external agency which may affect educational arrangements?

Yes No

If yes, please provide details



STUDENT INFORMATION FORM

MEDICAL INFORMATION

HEALTH PROVIDERS

Doctor

Medical Clinic

Phone number

Address

Medicare Number

Reference number

Expiry date /

Health care fund

Do you have Ambulance cover? Yes No

MEDICAL & HEALTH CONDITIONS

Does your child have any medical or health concerns? Yes No

If yes, please provide details

MEDICATIONS

Does your child require medication? Yes No

If yes, please provide details

MEDICAL EMERGENCY AUTHORISATION

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the school/college to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

Signature of Caregiver 1 _____

Date: / /

Signature of Caregiver 2 _____

Date: / /