APPLICATION FOR STUDENT ENROLMENT

ENROLMENT FEE - $100.00
($50 refund available if place is not offered)

PARENT CODE _______________________
STUDENT CODE______________________

YEAR OF ENTRY 20_____

STUDENT NAME____________________________________________________________

YEAR LEVEL IN WHICH THE STUDENT IS ENROLLING
Year 7 □ Year 8 □ Year 9 □ Year 10 □

IS STUDENT REPEATING A YEAR? Yes □ No □

This College is part of Catholic Education - Diocese of Rockhampton. We welcome your child and family to schooling the Diocese. We are committed to providing a quality education in a caring environment. The Catholic School is a community of faith and the Gospel values are essential to the life of our schools. Each student is important and the curriculum is directed at the total formation of the individual.

ASSISTANCE WITH COMPLETING THE FORM
If you require assistance completing this form, including translation services, please contact the College.

WHO SHOULD COMPLETE THIS FORM?
Parents/guardians/carers of students enrolling in schools within the Diocese of Rockhampton should complete this form.

KEEPING STUDENT RECORDS UP-TO-DATE
Please inform the College if any information provided within this form (such as contact details, address, and medical information) needs to be changed at a later date.

RESPECTING YOUR PRIVACY
Catholic Education – Diocese of Rockhampton, together with your school, respects your privacy and is bound by privacy rules to protect the information you provide (see Page 14).
SECTION 1 PARENT / GUARDIAN / CARER INFORMATION

PLEASE NOTE:
There are five parts to this section – please read carefully before completing either PART A or PART D

PART A DETAILS OF THE PERSON(S) RESPONSIBLE FOR THE DAY-TO-DAY CARE OF THE STUDENT AND WITH WHOM THE STUDENT LIVES

Parent / Guardian / Carer No 1
Given Name/s: ____________________________  Surname: ____________________________
Date of Birth: ____________________________  Religion: ____________________________
Relationship to Student: ____________________________
Residential Address: ____________________________
City: ____________________________  State: ____________________________  Post Code: ____________________________
Driver’s Licence: ____________________________
Home Phone: ____________________________
Mobile Phone: ____________________________
SMS Contact: ____________________________
E-mail Address: ____________________________
Occupation: ____________________________
Work Place: ____________________________
Work Phone: ____________________________

Parent / Guardian / Carer No 2
Given Name/s: ____________________________  Surname: ____________________________
Date of Birth: ____________________________  Religion: ____________________________
Relationship to Student: ____________________________
Residential Address: ____________________________
City: ____________________________  State: ____________________________  Post Code: ____________________________
Driver’s Licence: ____________________________
Home Phone: ____________________________
Mobile Phone: ____________________________
SMS Contact: ____________________________
E-mail Address: ____________________________
Occupation: ____________________________
Work Place: ____________________________
Work Phone: ____________________________

Would you prefer to receive your school fees account electronically? YES  NO
If NO – account will be posted to your home address.

Complete this section ONLY if account is to be sent to only one of the parents/guardians/carers listed in Part A of Section 1 OR a third party

PART B PERSON TO RECEIVE ACCOUNTS

Mrs  Miss  Ms  Mr  Rev  Dr  Other …………………
Given Name/s: ____________________________
Surname: ____________________________
Postal Address: ____________________________
City: ____________________________  State: ____________________________
Relationship to Student: ____________________________

APPLICATION FOR STUDENT ENROLMENT

DOCUMENT CHECKLIST

When enrolling your child at this school, please check that you have provided copies of the following:

☐ Birth certificate or extract or identity documents (ONLY Original copies or copies signed by Justice of the Peace)
☐ Sacramental certificates
☐ Immunisation certificate (only required for students enrolling in primary schools for the first time)
☐ Latest school report and/or reference from previous schools
☐ Documentation relating to special needs (any reports, action plans, assessments, etc)
☐ Year 5, 7, or 9 Naplan results
☐ Court order, parenting plans, access restrictions etc (if applicable)

If your child is NOT an Australian Citizen, you will need to provide:
☐ Passport or travel documents
☐ Current visa and previous visas (if applicable)

In addition, if your child is a temporary visa holder you will also need to provide:
☐ Authority to Enrol or evidence of permission to transfer provided by the International Student Centre
☐ Authority to Enrol for visitor and temporary resident holders may be required (other than sub-class 571P referred to above) issued by the Temporary Visa Holders Program Unit
☐ Evidence of the visa the student has applied for (if the student holds a bridging visa)

INTENDED PAYMENT METHODS – Please tick preference

Further details about the following payment methods will be provided through the school/college office.

CASH Finance Office Only
DIRECT DEBIT
CREDIT CARD by Phone
INTERNET BANKING PAYMENT
BPAY
CENTREPAY
CHEQUE

OFFICE USE ONLY

Enrolment fee ($)  Receipt No: ____________________________  Date Received: / / Interview Date: / /
Interviewed By: ____________________________  Enrolment Accepted: Yes  No
Date of Commencement: / /  Year/Grade Level: ____________________________  Class: ____________________________
Student I.D. No.  Family Code: ____________________________
Comments: ____________________________
Medical and Special Educational Needs notes: ____________________________
Principal’s Signature: ____________________________  Date: / /
Respecting your privacy

All information on the Application for Student Enrolment form is strictly confidential, and will be kept by your school and the Catholic Education – Diocese of Rockhampton Office. The primary purpose of collecting and recording this information is to enable the provision of quality Catholic education. In addition, some of the information we collect and record is to satisfy the school’s legal obligations, particularly to enable the school to discharge its duty of care to students and parents/guardians/carers. This information may also be used for appropriate parish purposes.

Catholic Schools and Catholic Education - Diocese of Rockhampton are bound by the Privacy Amendment (Private Sector) Act 2000, and have adopted the ten (10) National Privacy Principles. A privacy statement detailing our practices and procedures for the use and management of the personal, sensitive and health information we collect and record can be obtained upon request at your school’s office or from the Catholic Education – Diocese of Rockhampton Office (PO Box 524, Rockhampton 4700).

We need your enrolment details for the following:

Student and Parent Contact Details
- Pages 1 and 7
  - Telephone, address and employer/occupation details for student/parents/guardians/carers – for contact in an emergency, to discuss matters regarding the student’s education, or for other educational purposes.

Student and Parent Background Information
- Pages 2 and 8
  - This information is a standard requirement on all enrolment forms Australia-wide as part of the Australian Government Schools Assistance Act 2004.
  - This includes information about the student’s and parent’s/guardian’s/carer’s country of birth, indigenous status and languages spoken, along with student visa status and parental education levels and occupations.
  - The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Catholic Schools and will assist in planning for future educational needs within the Diocese.
  - Some of this information will be forwarded to the Australian Government, but DCEO’s strict reporting protocols ensure data does not identify individual students or parents/guardians/carers.

Special Family Circumstances
- Page 3
  - Additional information about – Parents/guardians/carers – so that we are aware of family arrangements e.g. foster care, contact arrangements, access restrictions.
  - Please provide Family Court Orders detailing access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.

Alternative Emergency Contacts
- Page 8
  - Required in the event the school is unable to contact parents/guardians/carers. Please ensure that the people named agree to their details being provided to schools.

Student Medical Information
- Page 4
  - Health information – so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child’s health at risk.
  - We require details of student medical conditions and/or disabilities, and medication they may need whilst at school. It is the responsibility of the parent/guardian/carer to provide medication to the school in an authorised pharmacy packet.
  - Inform the school if your child develops a medical condition that may require regular or emergency attention from school staff. In the event this information is not provided, the school will not be liable for any failure to render assistance to the child.
  - Medical information will be shared with school staff on a “need to know” basis. Relevant sections of your child’s medical records may be held at the school in secure locations to ensure that appropriate action is taken in emergencies.

Please contact your school if you require further information or clarification regarding the Catholic Education – Diocese of Rockhampton Office Medications Policy.

Enrolment Contract
- Page 5
  - This section is completed by the parent/guardian/carer of the child and outlines conditions which all parties to this Contract of Enrolment will abide by.

Consent
- Page 13
  - Consent is required by the parent/guardian/carer of the child for all Category A (short duration and day) activities and all Category B (extended activities/excursions) activities.
  - Consent is also required by the parent/guardian/carer of the child for media and communication releases. Such material will be used for the purposes of advertising, promotion, media publicity, publication, and display for any Catholic Education – Diocese of Rockhampton or Queensland Catholic Education Commission purpose in whole or in part.

These consents are ongoing. If you wish to withdraw consent, please inform the school in writing.

Parent Consent
- Page 14
  - Consent is a standard requirement on all enrolment forms Australia-wide as part of the Australian Government Schools Assistance Act 2004.
  - Consent is required by the parent/guardian/carer of the child for all Category A (short duration and day) activities and all Category B (extended activities/excursions) activities.
  - Consent is also required by the parent/guardian/carer of the child for media and communication releases. Such material will be used for the purposes of advertising, promotion, media publicity, publication, and display for any Catholic Education – Diocese of Rockhampton or Queensland Catholic Education Commission purpose in whole or in part.

These consents are ongoing. If you wish to withdraw consent, please inform the school in writing.

For an emergency where parent/guardian/carer cannot be contacted, please give details of alternate contacted and order of priority.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Name</th>
<th>Emergency Phone 1</th>
<th>Emergency Phone 2</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you complete this section then you must also complete Special Family Circumstances in Section 2 of the Enrolment Form.
SECTION 2

STUDENT DETAILS

Student’s Legal Name: ____________________________

Surname ____________________________ First and middle names ____________________________

Preferred First Name: ____________________________ Date of Birth: __/__/__

Residential Address: ____________________________ Post Code: __________

Postal Address: ____________________________ Post Code: __________

Gender: ☐ Male ☐ Female

Religion: (Please tick one only) ☐ Catholic ☐ Anglican ☐ Lutheran ☐ Baptist ☐ Unititing ☐ Orthodox ☐ Other: ____________________________

Sacraments: (Please supply documentary evidence required.)

Baptism / / 

Confirmation / / 

Is the Student in the care of the State? ☐ NO ☐ YES If YES – please attach supporting legal documents ____________________________

PART B

STUDENT BACKGROUND INFORMATION

Country of Birth: ____________________________ Country of Citizenship: ____________________________

In which country was the student born? ☐ Australia ☐ Other: ____________________________

In which country does the student currently hold citizenship? ☐ Australia ☐ Other: ____________________________

Proof of the student’s Australian Citizenship must be provided if:

☐ the student was not born in Australia OR

☐ the student was born in Australia and the student’s parents were not born in Australia OR were not Australian citizens at the time of the student’s birth

If the student is not an Australian Citizen please provide the following information and supporting documentation:

Country of Passport issue: ____________________________ Date of entry into Australia: __/__/__

Current Visa class ☐ Permanent Visa ☐ Temporary Visa ☐ For principal holders write ‘P’ in the last box, for subordinate holders write ‘S’.

Current Visa expiry date: __/__/__

Is the student an Overseas Student who holds a Visa sub-class 570, 571, 572, 573, 574, or 575? ☐ YES ☐ NO

If YES, the student may not attract recurrent funding and may be required to pay full fees.

Do you consent to the school verifying the student’s Visa status with the Australian Department of Immigration and Border Protection, if required? ☐ YES ☐ NO

APPENDIX A

LIST OF PARENTAL OCCUPATION GROUPS

The following list of parental occupation groups refers to Part C

Group 1: Senior management in large business or organisation, government administration and defence, and qualified professionals.

Senior executive/manager or department head in industry, commerce, media or other large organisation

Public service manager (section head or above), regional director, health/education/police/fire services administrator

Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals 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


Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

Air/sea transport (aircraft captain/pilot, flight officer, flying instructor, air traffic controller)

Group 2: Other business managers, arts/media/sport/persons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)

Financial services manager (bank branch manager, finance/investment/insurance broker, credit/lending officer)

Retail/sales/services manager (shop, petrol station, restaurant, club, hotel, motel)

Arts/media/entertainment manager (actor, dancer, painter, potter, sculptor, journalist, author, multimedia artist, photographer, designer, illustrator, proof reader, editor, coach, trainer, sports official)

Associate professionals generally have diploma/technical qualifications and support qualified professionals


Business/administration recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager

Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, typing clerk, storekeeper/stock clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff

Office: (secretary, personal assistant, desktop publishing operator, switchboard operator)

Sales: (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)

Service: (ag.onPause!ed/disabled/elderly) child care worker, nanny, nurse, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, Waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants

Office: (typist, word processing/data entry/business machine operator, receptionist, office assistant)

Sales: (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)

Assistant/ide (trades’ assistant, school/teachers’ aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

Agriculture, horticulture, forestry, fishing, mining

Worker (farm overseer, shearer, wool/ hides/classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

Other worker (labourer, factory hand, stockman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

Defence Forces ranks below senior NCO not included Above

Group 5: A person has not been in paid work in the last 12 months.
23. I/we authorise my child’s school to take (or authorise others to take) and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child’s likeness (“the material”), either in full or part, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion, media publicity, publication, display of my child’s school and/or for any other Rockhampton Catholic Education or Queensland Catholic Education Commission purpose in whole or in part. I/we understand that this consent form is not required for and does not apply to class photos and school team photos which may be used in the school magazine and that any objection I have to these internal publications must be specifically made to the school. I/we understand that I/we or my child does not have any interest in the copyright to the material nor shall we receive any payment.

☐ YES  ☐ NO

24. I/we authorise my child’s school to take and use photographs, video or sound recordings of my child and any other reproductions or adaptations of my child’s likeness (“the material”), either in full or part, in conjunction with any wording or drawings. I/we understand this material will be used for the purposes of advertising, promotion as school web page usage of my child’s school and/or for any other Rockhampton Catholic Education or Queensland Catholic Education Commission purpose in whole or in part.

☐ YES  ☐ NO

25. I/we consent to the school sharing my/our personal information (limited to name, address, telephone numbers, occupation) to its associated supporting groups (e.g. Parents & Friends’ Association, Parents Network and sporting and cultural support groups), and my son/daughter's details to the School Past Pupils’ Association when held by a former school, if applicable.

☐ YES  ☐ NO

26. I/we consent to the school disclosing to the Australian Curriculum Assessment and Reporting Authority (ACARA) information such as our child’s gender, date of birth, country of birth, background language, residential address, parent/guardian occupation and continuing obligations to keep the school informed of any changes which may affect the applicant’s wellbeing or progress at the school.

BOTH PARENTS MUST SIGN

Mother/Guardian/Carer  Signature  Date

Please print in full

Father/Guardian/Carer  Signature  Date

Please print in full

(Only if an independent enrolment):

Student  Signature  Date

Please print in full

PART D  SPECIAL FAMILY CIRCUMSTANCES

Family circumstances e.g. single parent, dual custody, foster care, access restrictions (give details)

Student Resides with ____________________________

Do supporting legal documents exist (e.g. Family Court Orders, access restrictions, Parenting Plans)?

☐ YES  ☐ NO  ☐ YES  ☐ NO

Are all such documents attached?

☐ YES  ☐ NO

PART E  SIBLING INFORMATION

List all children in the family from ELDEST to YOUNGEST – including the enrolling student. Indicate HOUSE or Home Group name only if enrolling student has an older sibling at the same school/college.

Brother’s/Sister’s Given names  Surname  DOB  School  House or Home group (If applicable)  Year Level

1.

2.

3.

4.

5.

6.
PART F
STUDENT TRANSPORT

It is a requirement to have signed parent/guardian permission for a College staff member to transport students in their private vehicle to various college events. This ensures that students who are injured in any accident will be covered by Compulsory Third Party insurance.

Please complete the details below:

I ______________________________ give permission for my student ___________________________________________

Please make the following selection for whether my/our student will be transported in a Mercy College Mackay staff member’s private vehicle to a College event should the need arise.

PART G
EDUCATION ADJUSTMENT PROGRAM INFORMATION

Has the student been ascertained or has a diagnosis been verified through profiling for Education Adjustment Program (EAP).

<table>
<thead>
<tr>
<th>Category</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Impairment</td>
<td></td>
</tr>
<tr>
<td>Speech Language Impairment</td>
<td></td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td></td>
</tr>
<tr>
<td>Social Emotional Disorder</td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
</tr>
<tr>
<td>Vision Impairment</td>
<td></td>
</tr>
<tr>
<td>Physical Impairment</td>
<td></td>
</tr>
</tbody>
</table>

Level (if applicable)

PART G
ADDITIONAL INFORMATION

Indicate any other physical, social/emotional, or intellectual conditions which may affect learning, school activities or which may require additional or emergency attention at school:

CONSENTS

20. I/we consent to the student participating in all regular Category A (short duration and day) activities eg. Curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions. If the student is unable to participate I/we will contact the school.

21. I/we consent to the student travelling on school and/or public transport to participate in all regular Category A (short duration and day) activities, eg. Curricular, sporting and extra-curricular activities conducted with the approval of the Principal, including day trips, excursions and functions. I/we accept that the decision to suspend/exclude/expel the student for any cause judged to be sufficient. The law and the Student Protection Policy require the school to contact State Authorities in cases of suspected harm or sexual abuse to students.

22. I/we accept that this consent lasts for the period the student is at the school and that, apart from being given notice of the decision to suspend/exclude/expel the student for any cause judged to be sufficient, the law and the Student Protection Policy require the school to contact State Authorities in cases of suspected harm or sexual abuse to students.

For extended activities and excursions (Category B) where, in the reasonable opinion of the teacher in charge, specific consent is required and that additional consent will be sought from the parents/guardians.

Examples of such Category B activities include:

- overnight activities
- activities involving long distance or extensive travel
- activities which may have higher than average inherent risk, e.g. camps.
As required under the Australian Government Schools Assistance Act 2004

Parent/Guardian 1 - language background
Does parent/guardian 1 speak a language other than English at home?

No, English Only
Yes, Other – please specify

Parent/Guardian 2 - language background
Does parent/guardian 2 speak a language other than English at home?

No, English Only
Yes, Other – please specify

What is the highest year of primary or secondary school parent/guardian 1 has completed
Mark one box only in each column
(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)
Year 9 or equivalent or below
Year 10 or equivalent
Year 11 or equivalent
Year 12 or equivalent

What is the highest year of primary or secondary school parent/guardian 2 has completed
Mark one box only in each column
Year 9 or equivalent or below
Year 10 or equivalent
Year 11 or equivalent
Year 12 or equivalent

What is the highest qualification the parent/guardian 1 has completed
Mark one box only in each column
No non-school qualification*
Certificate I - IV (including trade)
Advanced Diploma/Diploma
Bachelor Degree or above

What is the highest qualification the parent/guardian 2 has completed
Mark one box only in each column
No non-school qualification*
Certificate I – IV (including trade)
Advanced Diploma/Diploma
Bachelor Degree or above

*No non-school qualification means you have gained no further qualification since leaving school

What is the occupation group of parent/guardian 1?
To answer this question please refer to the List of Parental Occupation Groups on Page 13. If the person is not currently in paid work but has worked or retired in the last 12 months, please use the person’s last occupation.

If the person has not been in paid work in the last 12 months, please write “8” in the box below.

(Write 1, 2, 3, 4 or 8)

What is the occupation group of parent/guardian 2?

(Write 1, 2, 3, 4 or 8)
##SECTION 3  STUDENT MEDICAL INFORMATION

###PART A

<table>
<thead>
<tr>
<th>Family Doctor:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Dentist:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate if the student has been affected by or suffers from any of the following? *(Please circle Yes or No)*

<table>
<thead>
<tr>
<th>Prenatal concerns</th>
<th>Yes / No</th>
<th>Asthma</th>
<th>Yes / No</th>
<th>Stomach complaints</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth concerns</td>
<td>Yes / No</td>
<td>Headaches</td>
<td>Yes / No</td>
<td>Very high temperatures</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Postnatal concerns</td>
<td>Yes / No</td>
<td>Head injury</td>
<td>Yes / No</td>
<td>Glandular fever</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Vision concerns</td>
<td>Yes / No</td>
<td>Frequent colds</td>
<td>Yes / No</td>
<td>Retinal vein</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Hearing concerns</td>
<td>Yes / No</td>
<td>Ear infections</td>
<td>Yes / No</td>
<td>Rheumatic fever</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Speech concerns</td>
<td>Yes / No</td>
<td>Epilepsy</td>
<td>Yes / No</td>
<td>Anorexia nervosa</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Allergies</td>
<td>Yes / No</td>
<td>Diabetes</td>
<td>Yes / No</td>
<td>Bulimia</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>Yes / No</td>
<td>Specific learning difficulty</td>
<td>Yes / No</td>
<td>Other (state below)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Knocked unconscious</td>
<td>Yes / No</td>
<td>Mental Health Issues</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Yes to any of the above please provide necessary medical information: *(Attach a separate sheet if necessary)*

List any medical alerts, diseases, surgery or disorders, or recurring illnesses:

Does the student suffer from any significant allergy?  [ ] NO  [ ] YES - If Yes – please specify:

Does your child require an individual health or action plan for their medical condition?  *(If this situation changes the school must be advised in writing.)*  [ ] NO  [ ] YES

Is the student taking any medication regularly?  [ ] NO  [ ] YES - If Yes – please specify, and request the *Medication Consent Form* at interview

Any other medical information of which the school should be aware:

Are there any sports in which the student should NOT participate?  [ ] NO  [ ] YES - If Yes – please specify:

---

##IMMUNISATIONS

It is highly recommended that the authorising parent/guardian/carer complete this section.

Under the Queensland *Public Health Act 2005*, Chapter 5, legislation is in place to protect all students against a vaccine preventable contagious condition.

Please indicate which of the vaccinations listed your child has received and the year.

- Yes [ ] - tick those given
- No [ ] - leave blank

<table>
<thead>
<tr>
<th>Vaccination Type</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Vaccine (HEB)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Combined Diphtheria Tetanus Pertussis (DTP)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Poliomyelitis Oral or Injectable (OPV)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B (HIB)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella (MMR)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Meningococcal Group C (MEN)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Varicella (Chickenpox) (VZV)</td>
<td>Yr______</td>
</tr>
<tr>
<td>Pneumococcal (PCV)</td>
<td>Yr______</td>
</tr>
</tbody>
</table>

Additional vaccinations

- Diphtheria and Tetanus (CDT) | Yr______
- Twinrix vaccine (combined Hepatitis A & B vaccine) | Yr______
- Influenza (FLU) | Yr______

Departmental Record Provided  [ ] NO  [ ] YES

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##PART C  SPECIALIST ASSESSMENT

Has the student been assessed or treated by any of the following specialist services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes/No</th>
<th>Name of Centre / Practitioner</th>
<th>Report Attached Yes/No</th>
<th>Date of Most Recent Visit</th>
<th>Is Your Child Attending Now?</th>
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<tbody>
<tr>
<td>Child Guidance</td>
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<tr>
<td>Speech Pathologist</td>
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<tr>
<td>Occupational Therapist</td>
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<td>Physiotherapist</td>
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<td>Psychiatrist</td>
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<tr>
<td>Specialist Clinic</td>
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<td>Audiology Clinic</td>
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<tr>
<td>State Education Guidance</td>
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<tr>
<td>Other</td>
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</tbody>
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Sample Only