A ministry of

Girrawheen Baptist Church

'The School is committed to safeguarding and promoting the safety, welfare and wellbeing of children and young people and expects all staff and volunteers to share this commitment'

Application for Enrolment (SIBLING)
(This application form must be submitted with the SINGLE full enrolment form)

FULL NAME: _____

YEAR LEVEL APPLIED FOR: _____

LODGEMENT OF THIS ENROLMENT FORM DOES NOT ENSURE ENROLMENT WHICH WILL DEPEND ON THE OUTCOME OF THE INTERVIEW AND AVAILABILITY OF PLACES IN THE SCHOOL.

CHECKLIST TO INCLUDE WITH APPLICATION:

☐   Application fee of $100 for the first child & $50 for sibling must accompany this form.
☐   Copy of your child's birth certificate.
☐   Recent school report including NAPLAN/MS9 (if available).
☐   Immunisation Records.
☐   **Proof of AUSTRALIAN Citizenship OR Passport and VALID Visa Papers**
☐   **Medical Forms: Asthma/Anaphylaxis**

Note: Originals of Visas and Birth Certificates must be sighted on acceptance of this application.

SECTION 1 – STUDENT DETAILS

STUDENT DETAILS	
Surname	
Given Names (as per birth certificate)	
Preferred name	
Date of Birth	
Gender	☐ Male / ☐ Female
Country of Birth	Nationality
Visa Class (if not Australian)	
Present Year Level	
Present or Previous school	
Languages spoken by student	☐ English / ☐ Other (please specify)

OTHER SIBLINGS

Name	Gender	Date of Birth	Enrolled Year

ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT

I wish to disclose that I am of Aboriginal or Torres Strait Islander descent	☐ Aboriginal / ☐ Torres Strait Islander / ☐ NA

RESIDENCY STATUS

☐ Australian citizen

☐ Permanent Resident / ☐ Temporary Resident / ☐ Exchange Student / Overseas Student

PLEASE PROVIDE DETAILS

Visa Class	
Date of Arrival in Australia	
Visa Number	
Visa Expiry Date	
Name of Exchange Organisation (if applicable)	

CUSTODY / GUARDIANSHIP	
Student resides:	
Permanently with	☐ Both Parents/ ☐ Father only / ☐ Mother only / ☐ Other (please provide details)
Occasionally with	☐ Both Parents / ☐ Father only / ☐ Mother only / ☐ Other (please provide details)
Details of Legal Guardianship	
Are there any current Family Court Orders or current Restraining Orders that would apply to the child?	☐ YES / ☐ NO
Have you provided the School the latest copy of Family Court orders?	☐ YES / ☐ NO
Does your family, now or in the past, been involved with the Department of Child Protection (CPFS)?	☐ YES / ☐ NO
PLEASE NOTE: PLEASE PROVIDE COPY OF FAMILY COURT ORDERS	

SECTION 2 – STUDENT DETAILS (MEDICAL AND HEALTH)

MEDICAL INFORMATION			
The School requires medical information in case of emergency. Information supplied will be kept confidential and will only be used if necessary.			
Medicare Number		Number appears beside the student's name on card	
Expiry Date			

We have St. John's Ambulance cover insurance ☐ YES / ☐ NO
(Note that in an emergency, an ambulance will be called at parent/guardian expense, but where possible we will try our best to contact you first).

We hereby give permission to the School to seek medical attention and/or hospitalise our child named on this Contract when such is considered necessary.

We also give permission to the School, that if an emergency occurs requiring surgery/anaesthetic etc., and we are unable to be contacted within a reasonable time, the School may give consent on our behalf.

We understand that:

1. The School cannot accept responsibility for Medical Expenses arising from accident or illness, loss or damage to personal effects and property, or liability incurred by students for bodily injury.
2. Our personal private health and general insurance policies should be reviewed to ensure adequate cover.

Signature Guardian 1 _____ Signature Guardian 2_____

Private Health Fund Name	
Membership Number	
Doctor's Name	

Medical Practice (and Address)	
Contact number	
Has the student received ALL the required vaccinations?	☐ YES / ☐ NO *please provide Vax certificate
Has the student received any of the following?	☐ Education Support / ☐ Specialist Services
Please provide details	

HEALTH INFORMATION

Does the student have any of the following specified disabilities, medical conditions, health care needs that would affect learning or management at School? (please tick ALL that apply)

ADHD/ ADD	☐ YES ☐ NO	Special Needs:	
Allergies	☐ YES ☐ NO	Deaf or hard of hearing	☐ YES ☐ NO
Anaphylaxis	☐ YES ☐ NO	Hearing condition (e.g. Otis Media)	☐ YES ☐ NO
Asthma	☐ YES ☐ NO	Intellectual disability	☐ YES ☐ NO
Autism Spectrum Disorder	☐ YES ☐ NO	Learning Impairment (e.g. Dyslexia)	☐ YES ☐ NO
Diabetes	☐ YES ☐ NO	Physical disability	☐ YES ☐ NO
Epilepsy	☐ YES ☐ NO	Speech impediment	☐ YES ☐ NO
GDD	☐ YES ☐ NO	Vison Impairment	☐ YES ☐ NO
Mental Health or behavioural Issues (e.g. Anxiety)	☐ YES ☐ NO		
Migraines / Headaches	☐ YES ☐ NO	Special Dietary Needs	☐ YES ☐ NO

Other (please specify):

IF YOU TICKED ANY OF THE ABOVE BOXES, PLEASE PROVIDE DETAILS AND SUPPORTING DOCUMENTS

- If the student has a medical condition, intensive health care need or psychological condition that requires an Emergency Action Plan, you will need to provide details.
- Please attach copies of relevant documentation in relation to the above. These are for school records.

PLEASE PROVIDE DETAILS IN THE SPACE BELOW OR ATTACH RELEVANT DOCUMENTATION SEPARATELY

SECONDRY SCHOOL ONLY
Non-Prescription Medication (e.g., Panadol, antihistamines) which you are authorising the School to administer when necessary:

Paracetamol	☐ YES / ☐ NO
Nurofen	☐ YES / ☐ NO
Antihistamines	☐ YES / ☐ NO
Other (Please specify):	

IS THE STUDENT ON REGULAR MEDICATION? PLEASE PROVIDE REASON WHY AND DETAILS.