

Mudgeeraba State Special School

STUDENT ENROLMENT FORM



STUDENT DETAILS

Surname: _____ Given Names: _____

DOB: ____ / ____ / ____ Male / Female

Siblings attending this school: Yes / No

Does this student identify as being of Aboriginal or Torres Strait Islander descent? Yes / No

Country of Birth: _____ Cultural Background: _____

If from overseas, date of arrival in Australia ____ / ____ / ____

Religion (optional): _____

Name of previous school: _____

Is the student a permanent resident of Australia? Yes / No

STUDENT ADDRESS DETAILS

Home Address: _____

Telephone Number: _____

Mailing Address: _____

(if different from home) _____

Distance from school: _____ km

MEDICAL INFORMATION

Medicare Number: _____

Doctor's Name: _____

Doctor's Address: _____

Telephone Number: _____

Medical Condition: _____

Medication to be administered at school: _____

Dose: _____ Time: _____

Has your child been immunised? Yes / No Name of Immunisation: _____

Has your child suffered from:

<i>Measles</i>	Yes / No	<i>Polio</i>	Yes / No
<i>Chicken Pox</i>	Yes / No	<i>Asthma</i>	Yes / No
<i>Whooping Cough</i>	Yes / No	<i>Mumps</i>	Yes / No

Has your child received speech therapy, physio therapy, occupational therapy: Yes / No

Type _____ of _____ assistance:

OFFICE USE ONLY

Class: _____ Admission Number: _____ Date of Enrolment: ____ / ____ / ____

PARENT/GUARDIAN DETAILS

1st Parent/Guardian Contact

Title: _____ Surname: _____ Given Names: _____
Occupation: _____ Work Location: _____
Work phone number: _____ Work Mobile Number: _____
Do you identify with a Non-English speaking background? Yes / No
If yes, which culture: _____ Country of Birth? _____
Which languages other than English are spoken at home? _____
Do you require an interpreter: Yes / No
Relationship to student: MOTHER / FATHER / GUARDIAN/ Other: _____
Home Phone Number: _____ Mobile Number: _____
Signature of Parent / Guardian: _____

2nd Parent/Guardian Contact

Title: _____ Surname: _____ Given Names: _____
Occupation: _____ Work Location: _____
Work phone number: _____ Work Mobile Number: _____
Do you identify with a Non-English speaking background? Yes / No
If yes, which culture: _____ Country of Birth? _____
Which languages other than English are spoken at home? _____
Do you require an interpreter: Yes / No
Relationship to student: MOTHER / FATHER / GUARDIAN/ Other: _____
Home Phone Number: _____ Mobile Number: _____
Signature of Parent / Guardian: _____

Relevant Family Information

Eg. Single Parent / Custody Details: _____

EMERGENCY CONTACTS

Used in cases where we are unable to contact you if your child is ill or had an accident.

PRIORITY	NAME	RELATIONSHIP	PHONE NUMBER
1			Home: _____ Work: _____ Mobile: _____
2			Home: _____ Work: _____ Mobile: _____
3			Home: _____ Work: _____ Mobile: _____

If unable to contact you in an emergency please give your instructions for:

SICK CHILD: _____

AN ACCIDENT/MEDICAL EMERGENCY: _____

ANY OTHER EMERGENCY: _____