



**Student Learning Information**

Does your child have any of the following;

Learning & Behaviour Needs \_\_\_\_\_  
\_\_\_\_\_

Special Needs (background/funding e.g ESOL,ORS). **Please provide name of organisation and person who looks after your child**

Any further information you would like us to know about your child's learning and or behaviour \_\_\_\_\_  
\_\_\_\_\_

**Student Health Details**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

If your child has or has ever had, any of the following, please tick.

Condition		Medication Rqd	Comments
Asthma	<input type="checkbox"/>	<input type="radio"/>	_____
Bee or wasp stings	<input type="checkbox"/>	<input type="radio"/>	_____
Allergies	<input type="checkbox"/>	<input type="radio"/>	_____
Headaches/migraine	<input type="checkbox"/>	<input type="radio"/>	_____
Diabetes	<input type="checkbox"/>	<input type="radio"/>	_____
ADHD or ADD	<input type="checkbox"/>	<input type="radio"/>	_____
Other Autistic Spectrum	<input type="checkbox"/>	<input type="radio"/>	_____
Other medical conditions	<input type="checkbox"/>	<input type="radio"/>	_____

**If your child has a medical condition that requires medication to be held at school, could you please complete the MEDICATION AUTHORISATION FORM (this form is available from the school reception). All medications will be held at reception.**

Vision Loss  Glasses

Hearing Loss  Hearing Aid

**None of the above conditions applies to my child**

Is your child immunised? Yes / No

Please note: Minor injuries/health matters are dealt with by the reception staff who hold a current first aid certificate. All other health related matters, when a child is unwell at school, are referred to the parents/caregivers.

I give permission for my child to be seen by the Hearing & Vision Team if required. Yes / No

**Family Information****Mother's Details**

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Title Mr / Mrs / Ms / Dr (please circle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Language Spoken at home \_\_\_\_\_

**Is the student living with the mother?** Yes / No**Father's Details**

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Title Mr / Mrs / Ms / Dr (please circle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Language Spoken at home \_\_\_\_\_

**Is the student living with the father?** Yes / No**Other Caregiver Details – (if applicable)**

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Title Mr / Mrs / Ms / Dr (please circle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Language Spoken at home \_\_\_\_\_

**Is the student living with caregiver?** Yes / No**Relationship to student** (please indicate)

Stepfather / Stepmother / Mother's Partner / Father's Partner / other \_\_\_\_\_

**Emergency Contact (Person who does not live with the parents)**

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Title Mr / Mrs / Ms / Dr (please circle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Number \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_**Relationship to student** (please indicate)

Grandfather / Grandmother / Aunt / Uncle / Friend / Other \_\_\_\_\_

**Comments/Sensitive Data**

Please give any specific information that the school should be aware of in relation to caregiver/custody/living arrangements, legal access or court orders in place.

\_\_\_\_\_

\_\_\_\_\_

**Parent/Caregiver Declarations**

As the parent/caregiver of a student at Mission Heights Primary School, I \_\_\_\_\_

- certify that I live fulltime at the above address with \_\_\_\_\_ (student's name) and that I am the parent, guardian or declared caregiver of this student;
- will notify the school in a timely manner if my circumstances change e.g address, phone, mobile etc
- will ensure that my child wears the correct uniform;
- will ensure that my child will comply with all school rules;
- permit arrangements to be made to treat my child in an emergency, and agree to meet any costs incurred in the process;
- give permission for my child to participate in all LOW RISK EOTC activities run by Mission Heights Primary School for every year that my child attends the school;
- will sign my child in/out at reception if they arrive late or leave early for an appointment;
- will notify the school by 9.00am if my child is going to be absent;
- have read the Cybersafety Acceptable Use Policy and explained it to my child and we understand the policy and agree to abide by it;
- am aware that parent logon and password to access my child's online reports and school work are available and that I am required to sign the Parent ICT User Agreement Form before I receive them;

Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY MHP ADMINISTRATION**

<b>Enrolment No:</b>	<b>Enrolment Date:</b>	<b>LZ:</b>	<b>Year Level:</b>
<b>Teacher:</b>	<b>House:</b>	<b>Learning Advisor:</b>	
<b>Previous School records requested:</b>		<b>Stationery Paid:</b> Y    N	<b>Contribution Paid</b> Y    N
<b>Photocopy Evidence Received For:</b>			
<b>Birth Certificate</b>	<b>Passport</b>	<b>Evidence of Address</b>	<b>Immunisation Cert</b>
<b>Work Permit</b>	<b>Student Visa</b>	<b>Residency Visa</b>	<b>Citizenship Cert</b>
<b>Court order in place</b>	<b>Y / N</b>	<b>Copy of order on file</b>	<b>Y / N</b>
<b>Statutory Declaration:</b>	<b>Approved by:</b>		<b>Date:</b>

Enrolment Information rechecked prior to student commencing at MHP    Yes

Date:

Signature: