

# Application to enrol in a NSW Government school

## NSW Public Schools – Leading the way

Thank you for your interest in enrolling your child in a NSW Government school.

This application to enrol form is to be completed in English. If you need an explanation of any of the questions or help in completing this application, please ask for assistance from the school staff. You are welcome to provide further information on an attached sheet.

The school will notify you of the results of your application. The information you have provided will be used by the school to enrol your child, if your application is accepted. Please do not purchase items such as uniforms until you receive confirmation of enrolment.

PLEASE TEAR OFF THIS FRONT PAGE AND KEEP IT BEFORE RETURNING YOUR APPLICATION TO THE SCHOOL.

### When you come to the school to enrol please bring these documents with you:

- **Proof of student's residential address** (e.g. original copies of council rates notice, residential lease, electricity accounts, statutory declaration etc)
- **Birth certificate or identity documents**
- **Copies of any family law or other relevant court orders** (if applicable)
- **Immunisation history statement** (only required for students enrolling in primary schools for the first time).

### In addition, if your child is a permanent resident but 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** issued by the Temporary Visa Holders Program Unit. This is required for visitor and temporary visa holders (other than sub class 571P referred to below)
- **Authority to Enrol or evidence of permission to transfer** issued by the International Student Centre (if holding an international full fee student visa, sub class 571P)
- **Evidence of the visa the student has applied for** (if the student holds a bridging visa).

### Your privacy protected

The school and the NSW Department of Education and Training are subject to the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002*.

The information you provide will be used to process your child's application for enrolment, which may include a risk assessment.

It will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

The health-related information collected is subject to the *Health Records and Information Privacy Act 2002*. It is being collected for the primary purpose of ensuring the health and safety of all students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers, other government departments and/or schools for this primary purpose, or for other, related purposes.

### Do parents have to answer the questions?

We are required by law to ensure the health and safety of students, staff and visitors on our premises. It is therefore necessary for you to answer all questions on this form except those about your occupation and education.

The information you provide will assist the school to communicate with you and to care for your child while at school. Should you choose to submit an incomplete form, processing your application may be delayed and the quality of our service to you may be affected.

**Giving false or misleading information is a serious offence. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.**

### Why have we asked for information about your occupation and education?

All Australian Education Ministers have agreed on National Goals for Schooling in the 21st Century. The National Goals specifically state that the achievement of students in schools should not be

affected by discrimination based on sex, language, culture and ethnicity, religion or disability; or by differences arising from social and economic background or geographic location. The goals also state that 'the learning outcomes of educationally disadvantaged students [should] improve and, over time, match those of other students'.

To help us to make sure we are achieving this goal, all parents across Australia, no matter which school their child attends, are being asked to provide information about family background. The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

We use the information to evaluate whether our policies are effective and to ensure that no group is experiencing undue disadvantage because of their economic or social background.

Providing information about your occupation and education is voluntary but your information will help us to ensure that all students are being well served by Australian schools.

The four groups listed on page '2' are used by the Australian Bureau of Statistics to classify occupations. Please choose the group that you think best describes you. If you have retired or stopped work in the past year please choose the group in which you used to work.

**You will need to use this table to answer the questions on pages '4-5'.**

### Secure Internet Access and Email

Students are provided with an Internet and email account to enable learning opportunities in a protected and secure environment. Students must abide by the school's policy when using the DET Internet and email services.

**Parents will need to inform the school in writing if they do not want their child to have access to the NSW DET Internet and email facility.**

### Photographs at school

Taking photographs of students can constitute a collection of their personal information. Occasionally photographs are taken of individual students and classes of students at school.

If you **do not wish** your child to be photographed under any circumstances, please make sure you have specified this on page '8' of this form.

# Parent occupation groups

## 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, kitchenhand, 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/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- Labourers and related workers
- Defence Forces ranks below senior NCO not included below
- Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

## 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, betting clerk, stores/inventory 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 [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

## Group 2

Other business managers, arts/media/sportspersons 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/loans officer]
- Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- Associate professionals generally have diploma/technical qualifications and support managers and professionals
- Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
- 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 1

Senior management in large business organisation, government administration and defence, and qualified professionals

- Senior executive/manager/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
- Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
- Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

## Please note

- If the person is not currently in paid work but had a job 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.

## Student details

[illegible]

## Office use only

School name



Student registration number



Roll Class (e.g. 3 SMITH, 9R2)



Date of enrolment at this school?



daymonthyear

House group



Current scholastic year in which the student is enrolled (K-12)





## Family details

### Contact details for parents/carers with whom the student normally lives

Name to be used for all correspondence (e.g. Mr and Mrs A. Black, Ms B. Green)

[illegible]

Residential address (e.g. 1 High Street, Sydney, NSW, 2000)

[illegible]

5

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Correspondence address (If you have a correspondence address that is different to your residential address please write it here e.g. PO Box 51, Sydney, NSW, 2001)

[illegible]

Email address for correspondence

[illegible]

Should the school need to contact you, please specify, in order of preference, how you would like to be contacted

Contact name

[illegible]

Phone number (home)

[illegible]

Phone number (work or mobile)

[illegible]

Contact name

[illegible]

Phone number (home)

[illegible]

Phone number (work or mobile)

□ □ □ □ □ □ □ □ □ □ □ □ □ □

### Other Parent/Carer contact details for parent/carer not living with this student

\*If applicable, copies of any relevant family law or other court orders must be provided.

Title ( e.g. Mr/Ms/Mrs/Dr)

--	--	--	--	--

Sex (tick box below)

Male

5

Relationship to student (e.g. mother, father)

[illegible]

Family name

[illegible]

Given name

[illegible]

Phone number (home)

[illegible]

Phone number (work or mobile)

[illegible]

Residential address (e.g. 1 High Street, Sydney, NSW, 2000)

[illegible]

7

7

Correspondence address (e.g. PO Box, Sydney, NSW, 2001)

[illegible]

### Emergency contacts

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts. Please nominate people who may be contacted in the event of an emergency when the parents cannot be contacted. Ideally, the contact person should be someone who lives in the neighbourhood of the school. Please ensure that you have discussed with the people listed on this page their willingness to be emergency contacts.

Contact name 1

Relationship to student (e.g. uncle, aunt, family friend etc)

Phone number (home or mobile)

Phone number (work or mobile)

Contact name 2

Relationship to student (e.g. uncle, aunt, family friend etc)

Phone number (home or mobile)

Phone number (work or mobile)

### Student medical details

Doctor's name/ medical centre

Doctor's address (e.g. 1 High Street, Sydney, NSW, 2000)

#### Parent/Carer permission

I give my **permission** for the school to seek information from the doctor/medical centre named above about how to manage any allergy or medical condition experienced by the student.

☐ Yes

☐ No

Doctor's phone number

Student's Medicare number

**Please refer to the Addendum - H. Student medical details and health conditions attached to this form.**

## Student details

## Student details

Country of birth

### Languages other than English spoken at home

Does the **student** speak a language other than English at home?

No, English only
 Yes

If **yes**, what languages other than English are spoken at home?  
Please write the exact language spoken – for example, Cantonese or Mandarin, not simply ‘Chinese’. Please do not write a nationality such as ‘Indian’. Please specify the actual language spoken e.g. Hindi or Punjabi.

Main language other than English spoken at home

Other language spoken at home

### Religion

If none, please write ‘no religion’

### Aboriginality

Is the student of Aboriginal or Torres Strait Islander origin?

No
 Aboriginal
 Torres Strait Islander

Both Aboriginal and Torres Strait Islander

### Student’s residency status

What is the student’s residency status?

Australian citizen
 New Zealand citizen
 Norfolk Island

Permanent resident
 Temporary visa holder

If born overseas, on what date did the student **arrive** in Australia?

/
/

day

month

year

For Australian born citizens, if the student was living overseas for two or more years, on what date did the student **return** to Australia?

/
/

day

month

year

If the student is a permanent or temporary visa holder please provide the following information:

Current visa sub-class	Visa expiry date
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	<div>day</div> <div>month</div> <div>year</div>

Principal visa holder	Subordinate visa holder
<input type="text"/> Yes <input type="text"/> No	<input type="text"/> Yes <input type="text"/> No

### Photographs at school

Occasionally photographs are taken of individual students or classes at school. Please mark one of the following:

<input type="text"/> Yes, I give permission	<input type="text"/> No, never photograph my child
<input type="text"/> Please ask whenever you intend to photograph my child	

### Previous schools

Please provide details of any school where the student has previously been enrolled (NSW, interstate or overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.

Name of school last attended

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location of school last attended (suburb/town/state/country)

Dates of attendance (For example: from May 2004 to June 2007)

to

Name of other schools and location attended

For enrolments in Year 7 or Year 11 please provide the name of the school where the student was enrolled at the end of the last school year.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this is not the student's first enrolment at an Australian school, what was the student's first date of enrolment at an Australian school?

/

/

day

month

year



## Student details

### Kindergarten students

For **Kindergarten** students, what type of care did this child have in the year prior to enrolling at school?

- ☐ Long day care
 ☐ Family day care
- ☐ Occasional care
 ☐ Other formal care
- ☐ Pre-school
 ☐ Other formal care
- ☐ Other care e.g. parent, relative, playgroup, other carer

Amount of formal care each week, prior to enrolling at school:

- ☐ Up to 6 hours per week
 ☐ Up to 12 hours per week
- ☐ 12 hours to fulltime each week

Name of pre-school, long day care centre or other formal care service


### Students with special needs

Is your child a young person with:

- ☐ autism
 ☐ behaviour disorders
- ☐ a hearing impairment
 ☐ an intellectual disability
- ☐ a language disorder
 ☐ mental health issues
- ☐ a physical disability
 ☐ a vision impairment
- ☐ difficulties in the basic areas of learning
- ☐ acquired brain injury

Other (please specify)


Legislation and department policy recognise that 'accommodations and/or learning adjustments' may be required for students with special needs. These are provided through alternative teaching and learning strategies and special provisions including signing, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support.

What was provided for your child in his/her **previous school**?

- ☐ alternative teaching and learning strategies
 ☐ signing
 ☐ Braille
- ☐ a reader or scribe
 ☐ access to technology
- ☐ modifications to equipment, furniture and learning spaces
- ☐ personal carer support

Other (please specify)


Is there anything that you **do or modify at home** that may help us at school to meet your child's special needs?


What may be required for your child in **this school**?

- ☐ alternative teaching and learning strategies
 ☐ signing
 ☐ Braille
- ☐ a reader or scribe
 ☐ access to technology
- ☐ modifications to equipment, furniture and learning spaces
- ☐ personal carer support
 ☐ none required

Other (please specify)


## Special circumstances

**Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment?**

(e.g. mature age, pregnancy, living apart from parental supervision, subject of a court order, out of home care arranged by the state)

☐ Yes

☐ No

If **yes**, please provide a brief description of the circumstances

  
  
  
  
  
  


## Student's history relevant to risk assessment

The NSW Department of Education and Training has a responsibility to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide schools with information that will help facilitate the smooth transition of students into the specific school setting. This may include preparing a behaviour management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in the school and contribute to ensuring the safety of your child, other students and staff.

**To your knowledge, is there anything in your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?**

☐ Yes

☐ No

If yes, please provide brief description of your child's medical or other history which might pose a risk of any type to him or her, other students, or staff at this school.

  
  
  


Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

  
  
  


**Does your child have any history of violent behaviour?**

☐ Yes

☐ No

If **yes**, please provide details

  
  
  
  
  
  


**Has your child ever been suspended or expelled from any previous school?**

☐ Yes

☐ No

**If yes, was this for:**

Actual violence to any person?

☐ Yes

☐ No

Possession of a weapon or any item used to cause harm or injury?

☐ Yes

☐ No

Threats of violence or intimidation of staff, students, or others at the school?

☐ Yes

☐ No

Illegal drugs?

☐ Yes

☐ No

**Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting?**

☐ Yes

☐ No

If **yes**, please provide a brief outline of these incidents

## Applicant's declaration

In dealing with this application, it may be necessary for the school, or another part of the Department of Education and Training, to look at documents held by previous schools, health care professionals or other government agencies.

This information will be collected, used and stored consistent with the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002*.

The cooperation of the applicant in accessing such information, while not always necessary, is appreciated and will speed up the assessment of the application.

### Acknowledgement

I acknowledge that the Department of Education and Training may seek and gain access to relevant information about this student related to one or more of the questions in this application that is held by previous schools, health care professionals or other government agencies.

I understand that the school may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this application.

### Declaration of accuracy

I declare that the information provided in this Application to Enrol is, to the best of my knowledge and belief, accurate and complete.

I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

Signature of applicant

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
day			month			year	

Signature of second applicant (if applicable)

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
day			month			year	

## Record of evidence

**Original documents must be sighted and photocopied.**  
**All students:**

**Student Identity** (name and age e.g. birth certificate, passport etc)

☐ Yes ☐ No

**Residential address** (e.g. rates notice, rental agreements, electricity accounts etc)

Evidence supplied

☐ Yes ☐ No

In area?

☐ Yes ☐ No

**In addition, for students who are not Australian citizens, more information is required.**

Passport or travel documentation no.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Country of issue

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Current visa sub-class (if applicable)

☐ ☐ ☐

Previous visa sub-classes (if applicable)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

In addition (for temporary visa holders) Authority to Enrol no.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## Student groups

Scripture group

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## Enrolment Notes

## Other issues

**Immunisation certificate/history statement sighted**  
 (Primary Schools only)

☐ Yes ☐ No

☐ Complete ☐ Incomplete

**Any family law, AVOs or other relevant court order**  
 (if applicable)

☐ Yes ☐ No

**For parent not living with student (p6)**

☐ Shared parental responsibility

☐ Receive invoice

☐ Receive academic report

## Principal's checklist and certification

Special Circumstances and Student History assessed?

☐ Yes ☐ No

Risk Assessment required?

☐ Yes ☐ No

Risk Assessment conducted?

☐ Yes ☐ No

Risk Management Plan and Resources in place?

☐ Yes ☐ No

On the basis of the information provided on this form and gained from the required assessments, I **accept** ☐ or **decline** ☐ this application to enrol.

Signature of principal

Print name

Date

☐ ☐ ☐ / ☐ ☐ ☐ / ☐ ☐

day month year

## Student details – additional information

Student name

**NOTE:** this form replaces the Student Medical Details on page 7 of the current purple enrolment form.

### H. Student medical details and health conditions

*It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies/other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.*

*Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.*

Student's Medicare number

Doctor's name/medical centre

Doctor's address (eg 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

*Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.*

Allergy / Medical Condition	Doctor's Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.*

#### **ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.**

*If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.*

*For any **additional allergies** your child has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.*

Allergy to:

1. Has a doctor diagnosed this allergy? ☐ Yes ☐ No

2. Is this a severe allergy (anaphylaxis)? ☐ Yes ☐ No

*Anaphylaxis is a severe, potentially life-threatening, allergic reaction.*

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ☐ Yes ☐ No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? ☐ Yes ☐ No

6. If yes, is this plan attached? ☐ Yes ☐ No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®/Anapen®)? ☐ Yes ☐ No

*If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).*

## Student details – additional information

Student name

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			month			year

*If not known at the time of completing this form, the school will require this information on enrolment.*

9. Does your child have an ASCIA Action Plan for Allergic Reactions?

☐ Yes ☐ No

10. If yes, is this plan attached?

☐ Yes ☐ No

*Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.*

11. Please list any other medication prescribed for this allergy.

*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*

### MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).*

Medical condition:

1. Has a doctor diagnosed this condition?

☐ Yes ☐ No

2. Has your child been hospitalised with this condition?

☐ Yes ☐ No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (eg asthma action plan)?

☐ Yes ☐ No

5. If yes, is this plan attached?

☐ Yes ☐ No

6. Is your child taking prescribed medication for this condition?

☐ Yes ☐ No

7. If yes, what is the prescribed medication?

*The school will require further details in relation to prescribed medication on enrolment.*

*Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.*