

# Student Information Form

Kindergarten - Year 12 Catholic College  
Continuing Catholic Education since 1908

V4

## Student Information

First Name

Surname

Date of Birth

## Likes & Dislikes

Student likes

Student dislikes

Learning priorities / Needs

## Student individual needs

The School Education Act 1999 requires the provision of "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school (16G)". To assist the school to respond to individual requirements, please detail any special needs your child has in the followings area(s) that may affect his or her learning, participation or welfare during school hours.

Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Anaphylaxis - requires Epipen?	<input type="checkbox"/>	Nose Bleeds/ Dizziness	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Austism	<input type="checkbox"/>	Sensory (Vision/Hearing)	<input type="checkbox"/>	Psychological/ Cognitive	<input type="checkbox"/>
Toileting challenges	<input type="checkbox"/>	Requires Medication*	<input type="checkbox"/>	Diagnosed Learning Disability**	<input type="checkbox"/>		

\* Please complete Student Medication Form. \*\* Please attach Diagnostic Report

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.

Further information

## Medical Emergency Authorisation

I authorise the school/college to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the school/college to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

I consent to my son/daughter being administered paracetamol or ibuprofen, following my verbal consent via telephone call, for my child to safely participate in their educational programme at school or elsewhere, or in an emergency.

Parent / Caregiver 1

Signature

Date

Parent / Caregiver 2

Signature

Date



## Parent / Caregiver Information

### Parent / Caregiver 1

English <input type="checkbox"/>	Aboriginal English <input type="checkbox"/>	Other <input type="text"/>	<input type="text"/>
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Language spoken at home?

Office use only

Capturing languages spoken at home, especially Aboriginal English, is very important for providing opportunities for students as they progress through secondary education and a better understanding of the needs of students who speak more than one language. We really appreciate your support in achieving this outcome through our data collection.

Year 9 or below <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>	<input type="text"/>
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School Academic Level

Office use only

No non-school qualification <input type="checkbox"/>	Certificate I to IV (including trade cert) <input type="checkbox"/>	Advanced Diploma /Diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>	<input type="text"/>
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Post School Academic Level

Office use only

<input type="text"/>	Not currently working <input type="checkbox"/>	<input type="text"/>
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Occupation

Office use only

<input type="text"/>
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Employer Name

Pensioner Concession Card <input type="checkbox"/>	Health Care Card <input type="checkbox"/>	<input type="text"/>
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Do you hold a family Centrelink Concession Card? If so, please indicate which card below, and ensure a copy of provided to the College

### Parent / Caregiver 2

English <input type="checkbox"/>	Aboriginal English <input type="checkbox"/>	Other <input type="text"/>	<input type="text"/>
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Post School Academic Level

Office use only

<input type="text"/>	Not currently working <input type="checkbox"/>	<input type="text"/>
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Occupation

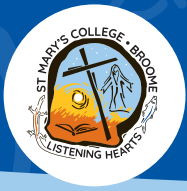
Office use only

<input type="text"/>
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Employer Name

Pensioner Concession Card <input type="checkbox"/>	Health Care Card <input type="checkbox"/>	<input type="text"/>
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## External Service Provision

Does your child receive any services from an external agency, which may affect educational arrangements? If yes please provide details.

Yes  No

Service provider name

Service provider contact number

Yes  No

Require special transport arrangements to and from school?

Yes  No

Does your child receive respite care on a regular basis?