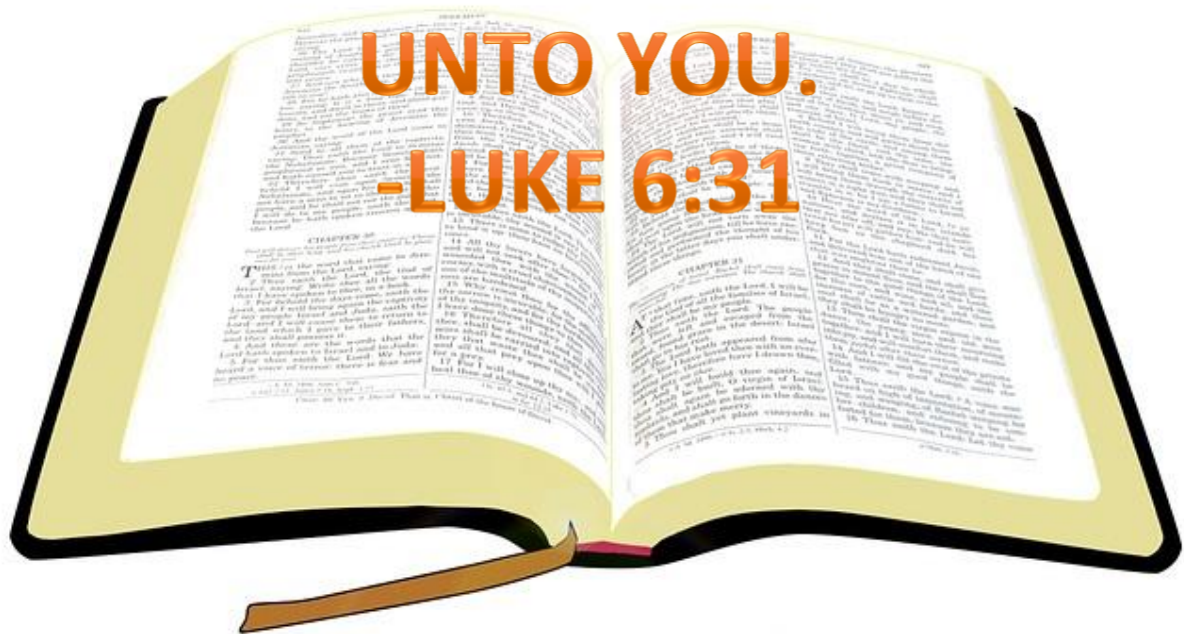




# Application for Enrolment

**DO UNTO OTHERS AS YOU  
WOULD HAVE THEM DO**



**OFFICE USE ONLY**

Enrolment officer(s) to check and complete each step

1) Date received:
2) Date of interview:
3) Enrolment date:
4) Data Entry:
5) WASN:

## Conditions of Enrolment for Parents and Guardians

Enrolment at CAPS Kurrawang is subject to acceptance to the following conditions and terms:

- Agree with and are willing to support the Christian ethos of the school.
- Will pay all fees and uniform costs as determined by the School Board. The fees are payable in advance by the end of the first full week of term and where payment is not made within seven days of receipt of an account; a late payment charge may be levied. (Note: In cases where this requirement would cause hardship, alternative arrangements may be discussed with the Principal.
- Will ensure that their children attend school on a regular basis and that absences are notified to the school as soon as possible.
- Accept the right of the school to employ such discipline as it seems wise and expedient for the child and agree to uphold in every way possible the school's authority to administer discipline in accordance with the school policies.
- Give permission for authorities at CAPS Kurrawang to supervise the health and hygiene of their child at school.
- That the school may suspend or terminate a student's enrolment at its discretion for failure to comply with these conditions or for the other serious breaches of school policies and regulations.
- Information we collect is to satisfy the School's legal obligation, particularly to enable the School to discharge its duty of care.
- The School from time to time discloses personal and sensitive information to others for administrative and educational purpose. This includes to other schools, government departments, [Christian and Catholic Education Offices, the Christian and Catholic Education Commissions, your local diocese and the parish] medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches and volunteers.

By signing this we acknowledge and accept the conditions of the enrolment at CAPS Kurrawang as set out above and

hereby apply to have \_\_\_\_\_ enrolled at CAPS Kurrawang.  
*Student print name*

\_\_\_\_\_  
Signature: Father/ Guardian

\_\_\_\_\_  
Signature: Mother/ Guardian

\_\_\_\_\_  
Date

### **Consent to Publications and Media**

Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and enable parents and others to be informed about the school's work.

Yes ( )      No ( )

I give consent for photographs that include the student to be published in school print publications, such as the newsletter and school magazine.

Yes ( )      No ( )

I give consent for photographs that include the student to be published on the school internet site and in other electronic publications.

Yes ( )      No ( )

I give consent for samples of work by the student to be published in print publications within school programs such as the newsletter and magazine.

Yes ( )      No ( )

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**STUDENT DETAILS:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Nationality: \_\_\_\_\_ Gender: Male ( ) Female ( )

Aboriginal or Torres Strait Islander: Yes ( ) No ( ) School Year: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Does the child have a diagnosed learning issue?** Yes ( ) No ( )

Please provide Details: \_\_\_\_\_

\_\_\_\_\_

**Do you suspect your child may have an undiagnosed learning issue?** Yes ( ) No ( )

Please provide details: \_\_\_\_\_

\_\_\_\_\_

**Does the child have an impairment that may affect their learning?** Yes ( ) No ( )

Please provide details: \_\_\_\_\_

\_\_\_\_\_

**Did the child have any behaviour issues at their previous school?** Yes ( ) No ( )

Please provide details: (e.g. suspended or expelled) \_\_\_\_\_

\_\_\_\_\_

**Has the child ever been kept back or advance a school year?** Yes ( ) No ( )

\_\_\_\_\_

**Has the student be involved to the Police/ Juvenile Court System?** Yes ( ) No ( )

Please provide details: \_\_\_\_\_

\_\_\_\_\_

**Are there any other agencies involve with your child?** Yes ( ) No ( )

Please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## MEDICAL RECORD

### Student Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Names: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref: \_ Exp: \_/\_\_\_ Health Care No: \_\_\_-\_\_\_-\_\_\_

Private Health Fund: \_\_\_\_\_ Ambulance Cover: \_\_\_\_\_

### Next Of Kin Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

### Family Doctor Details

Practise: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Does the child have any health conditions?** Please provide details

ASTHMA Yes ( ) No ( ) \_\_\_\_\_

HEART PROBLEMS Yes ( ) No ( ) \_\_\_\_\_

DIEBETIES Yes ( ) No ( ) \_\_\_\_\_

EPILEPSY Yes ( ) No ( ) \_\_\_\_\_

ANAPHYLAXIS Yes ( ) No ( ) \_\_\_\_\_

ALLERGIES Yes ( ) No ( ) \_\_\_\_\_

MOBILITY ISSUES Yes ( ) No ( ) \_\_\_\_\_

VISION IMPAIRED Yes ( ) No ( ) \_\_\_\_\_

HEARING IMPAIRED Yes ( ) No ( ) \_\_\_\_\_

OTHER \_\_\_\_\_

**Has the child ever had an Individual Health Action Plan to help manage these health issues?**

Yes ( ) No ( ) Please provide copy with enrolment

### Parental Consent:

I/ We hereby authorize CAPS Kurrawang to obtain medical attention as may be deemed necessary and I understand that I am responsible for any costs incurred. I further authorize CAPS to call an ambulance or transport my child to be treated including administration of injections, anaesthetic, the performance of surgical treatment and blood transfusion if and when necessary and I understand that they will contact me with details of the incident/ medical treatment that occurred.

\_\_\_\_\_  
Parent/ Guardian Signature