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**Parent/Legal Guardian/Caregiver 1**

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1<sup>st</sup>    2<sup>nd</sup>

No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  
 No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  
 No

**Main Contact:**

A student must have one (1) main contact.

- Yes  
 No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports:**  Yes  No  
**Newsletters:**  Yes  No  
**Invitations:**  Yes  No  
**School Portal Access:**  Yes  No

Does this person reside with the student?

- Yes  
 No

Does this person require the assistance of an interpreter?

- Yes  
 No

**Parent/Legal Guardian/Caregiver 2**

Does this person perform any of the following roles in regards to the student?

**Emergency Contact:**

- Yes. Circle the priority in which this person is to be contacted in relation to other persons who could be contacted in the case of an emergency.
- 1<sup>st</sup>    2<sup>nd</sup>

No

**Legal Guardian:**

If this person is not a birth or adoptive parent, then legal documentation must be attached.

- Yes  
 No



**Caregiver:**

A person who has responsibility for the general wellbeing of a student on a day-to-day basis.

- Yes  
 No

**Main Contact:**

A student must have one (1) main contact.

- Yes  
 No

Is this person to receive any of the following forms of Communication?

- Report Cards/Progress Reports:**  Yes  No  
**Newsletters:**  Yes  No  
**Invitations:**  Yes  No  
**School Portal Access:**  Yes  No

Does this person reside with the student?

- Yes  
 No

Does this person require the assistance of an interpreter?

- Yes  
 No

# ADDITIONAL STUDENT INFORMATION

## Section 13: Student Address Information

### Residential Address Details

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

### Residential (Alternative) Details *(If required)*

- Same as Parent\Legal Guardian\Caregiver1  
 Same as Parent\Legal Guardian\Caregiver2

**Street Address:**

**Suburb/Town:**

**State:**

**Postcode:**

**Country** (If not Australia):

## Section 14: Student Contact Information

### Contact Method Type

#### Order

Indicate best contact order for the student.

#### Silent

Is this number silent?

**Home Telephone Number:**




**Mobile Telephone Number:**




**Email Address:**



### Contact Method Type

*(If required)*

#### Order

Indicate best contact order for the student.

#### Silent

Is this number silent?

**Home (Alternative) Number:**

## Section 15: Student Medical Information

Does the student have a medical condition of which the school should be aware?

- Yes. Provide details below.  
 No. **Proceed to Section 16: Student Specialist Assessments**

Condition	Requires Medication <sup>#</sup>	Has Medical Action Plan <sup>#</sup>	Brief Description of Condition and Treatment
<input type="checkbox"/> Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Diabetes Mellitus Type 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Febrile Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other ( <i>Please specify</i> ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>#</sup> Note that if any medication is required to be administered to the student during school time or if the student has a Medical Action Plan, additional information will need to be provided upon enrolment and retained on the student's file.

## Section 16: Student Specialist Assessments

Has the student had any recent allied health or medical specialist assessments of which the school should be aware? (eg an assessment by a speech pathologist, behavioural psychologist, orthopaedic specialist, paediatrician etc.)

- Yes. Provide details below and ensure a legible copy of any **relevant health or medical assessment report(s)** is attached. 
- No. **Proceed to Section 17: Educational Support Information**

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## Section 17: Educational Support Information

Does the student have any educational support requirements of which the school should be aware?

- Yes. Respond to the questions below.  
 No. **Proceed to Section 18: Legal Information**

Describe any physical, social/emotional, and/or learning needs of the student which may impact on duty of care and / or participation in school.

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Has the student been diagnosed with a disability? If so, provide details.

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Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, provide details.

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If the student is from interstate or overseas, describe the educational support provided.

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## Section 18: Legal Information

Is the student in Care of the State?

- Yes  
 No

Are there any legal issues concerning the student of which the school should be aware?

- Yes. Provide details below and ensure a legible copy of any relevant **legal document(s) is attached**.  
 No. **Proceed to Section 19: Sibling Information**



Type	Legal First Name and Surname of the person for whom the document is issued	Effective From (Date)	Effective To (Date)
<input type="checkbox"/> Parenting Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Parenting Agreement		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Domestic Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Apprehended Violence Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Child Protection Order		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Other Caring Arrangement <i>(Please specify)</i>		DD / MM / YY	DD / MM / YY
<input type="checkbox"/> Legal Guardianship Documentation		DD / MM / YY	DD / MM / YY












# CHECK LIST

Please complete before submitting the Application for Enrolment form

**Note that original documents will need to be sighted to finalise enrolment confirmation.**

Documents provided:

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
|  Birth Certificate                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
|  Australian Citizenship Documentation  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Current Visa                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Current Passport                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Health Care Documentation             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Current/Previous School Transfer Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Baptism Certificate                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Health or Medical Assessment Reports  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|  Legal Documentation                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |

## Signature(s)

**I declare that:**

- I have completed this form in conjunction with the Enrolment Notes Booklet which includes the BCE Collection Notice Form
- The information provided in this form is complete and is a full and frank disclosure of information pertinent to the student seeking enrolment

**I understand that:**

- I have an obligation to inform the school of any change to the information provided in this form that may affect this Application for Enrolment
- Should this Application for Enrolment be successful, I have an ongoing obligation to provide the school with relevant, current information about the student for the period of enrolment at the school

**SIGNATURE** of Parent or Legal Guardian



**SIGNATURE** of Parent or Legal Guardian



**PRINT NAME** of Parent or Legal Guardian

**PRINT NAME** of Parent or Legal Guardian

**RELATIONSHIP** to Student

**RELATIONSHIP** to Student

**DATE SIGNED**

DD / MM / YYYY

**DATE SIGNED**

DD / MM / YYYY