



**STUDENT'S 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)

**Medical/Health Care**

Asthma                      Epilepsy                      Diabetes                      Other .....

(please tick if any of these apply to your child)  
Allergies to: \_\_\_\_\_

Medication \_\_\_\_\_

Physical \_\_\_\_\_

Orthoses/Prostheses \_\_\_\_\_

Psychological/Cognitive \_\_\_\_\_

Sensory (eg Vision/Hearing) \_\_\_\_\_

Behavioural or Safety \_\_\_\_\_

Communication \_\_\_\_\_

Does your child require any medication or medical/health care services during school hours?

If so please provide full details, name, contact number and signed authorisation by the relevant practitioner on a separate sheet and attach.

**External Service Provision**

Does your child receive any services from an external agency, which may affect educational arrangements?

If so please detail name of Service Provider, contact number and details on a separate sheet and attach.

**MEDICAL INFORMATION**

**IMMUNISATION RECORD**

Measles Mumps Rubella (MMR) Dates given

MMR I .....

MMR II .....

Please attach copy of immunisation record.

If your child is not immunised because you have declined immunisation please tick this box

In the event of a measles outbreak, without immunisation details, your child may be excluded from school for a period of time.

Family Doctor/Medical Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Dental Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Blood Group: \_\_\_\_\_ (if known)

**MEDICAL EMERGENCY AUTHORISATION**

I authorise the School to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the School that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the School has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

Signature of Parent (s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN                      MALE PARENT OR GUARDIAN

**IMAGE PERMISSION**

I/We, \_\_\_\_\_ DO / DO NOT give permission for my child's image to be used in the classroom, with classroom online applications and in St Mary's Catholic Primary School Newsletter which is also available online.

Signature of Parent (s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN                      MALE PARENT OR GUARDIAN

# AGREEMENT

I/We have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/We agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

I/We will abide by the policies and practices established and developed by the Principal and the School Board whilst their child/children are enrolled in St Mary's School.

I/We, as partners in the education of our child, have an obligation to communicate openly and positively, with the school. Discussing the progress of your child, attending parent information sessions, helping in the classroom, working on parent groups, talking to us when we get things wrong—and when we get things right, are all part of this process.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN

Signature of Parent(s) / Guardian(s):

\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
FEMALE PARENT OR GUARDIAN MALE PARENT OR GUARDIAN

.....  
**OFFICE USE ONLY**

Enrolment accepted: \_\_\_\_\_ Starting date: \_\_\_\_\_  
PRINCIPAL

