

STUDENT DETAILS

SURNAME FIRST NAME

MIDDLE NAME PREFERRED NAME

DATE OF BIRTH / / COUNTRY OF BIRTH

APPLICANT TO ENTER YEAR LEVEL Grade: IN THE YEAR OF

LANGUAGE/S SPOKEN AT HOME GENDER MALE FEMALE

STUDENT STATUS AUSTRALIAN CITIZEN PERMANENT RESIDENT TEMPORARY RESIDENT

CURRENT SCHOOL / KINDER CURRENT GRADE

ARE THERE ANY CUSTODY RESTRICTIONS? YES NO (If Yes, please provide the documents)

CHILD LIVES WITH: BOTH PARENTS OR FATHER OR MOTHER

NAMES OF OTHER CHILDREN IN FAMILY	GRADE	PRESENT SCHOOL

STUDENT MEDICAL DETAILS

MEDICARE NO HEALTH CARE CARD NO

DOCTOR'S NAME DOCTOR'S CONTACT NO

ALLERGIES

MEDICAL CONDITIONS

MEDICATION REQUIRED

EMERGENCY CONTACTS (Other than Parent)

(1) NAME:

(2) NAME:

RELATIONSHIP TO STUDENT:

RELATIONSHIP TO STUDENT:

PHONE:

PHONE:

MOBILE NUMBER:

MOBILE NUMBER:

