

SECTION 3 – MEDICAL INFORMATION

IMMUNISATION RECORD: *(Please complete boxes using one of the corresponding letters in each box)*

F = Fully Immunised N = Not Immunised I = Incomplete Immunisation P = Personal Objections

<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>	Pertussis (Whooping Cough)				

Blood Group: *(If known)*

SECTION 4 – PARENT/GUARDIAN INFORMATION

Father's Name:

Mother's Name:

Guardian's Name (if applicable):

Home Address: Post Code:

Contact No: (Home) (Mobile) (Work)

Email:

I understand that should it become known that I withheld any information, intentionally or otherwise, and or made any false or misleading statements in this application form, the application may be rejected. If it does not become known that information was withheld, intentionally or otherwise, or that the information supplied was inaccurate or misleading until after an enrolment has been accepted and as a result it is determined that it is not in the best interest of the child to remain enrolled in the School, the school reserves the right to terminate the enrolment without notice.

Signature (Parent/Guardian): **Date:**

<u>SCHOOL OFFICE USE ONLY</u>			
<u>RECEPTION:</u>			
Date Received:	Received by:	<input type="checkbox"/> Added to Application List	
<u>ACCOUNTS:</u>	Date:	A/c if any:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
<u>CLASS TEACHER:</u>			
Assessment date:	Assessed by:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
<u>PRINCIPAL:</u>	Date:	FINAL APPROVAL	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied

<u>RECEPTION:</u>			
Parents Inform of acceptance through:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
Enrolment Form Issued by:	Date:	Sent by mail: <input type="checkbox"/> YES <input type="checkbox"/> NO	