

OUT OF SCHOOL HOURS PROGRAM

Oakleigh Primary School

CONFIDENTIAL STUDENT ENROLMENT INFORMATION – 2009

Student/Parent/Guardian Section

| STUDENT PERSONAL AND ENROLMENT DETAILS | | | | | |
|--|--|------------------|--|----------------|--|
| Surname | | | | | |
| Title | | Miss, Ms, Mr | List Below Other Family Members Attending This School: | | |
| First Given Name | | | | | |
| Second Given Name | | | | | |
| Preferred Name | | | | | |
| Gender | | M or F | | | |
| Birth Date | | Country of Birth | | Enrolment Date | |

| PRIMARY FAMILY DETAILS | | | | | | |
|---|--|---|---|------------------------------|--|--|
| NOTE: The 'PRIME' Family is: "The responsible family or parent for the student" - Alternative and Additional family forms are available from the school if this is required | | | | | | |
| ADULT A: | | | ADULT B: | | | |
| Gender M or F | | | | | | |
| Title | | Choose from: Ms, Mr, Mrs, Miss, Dr, Rev, Hon, Prof, Sir | | | | |
| Surname | | | Surname | | | |
| First Name | | | First Name | | | |
| Middle Name | | | Middle Name | | | |
| Date of Birth | | | Date of Birth | | | |
| Occupation | | | Occupation | | | |
| Employer | | | Employer | | | |
| Country of Birth | | | Country of Birth | | | |
| Native Language | | | Native Language | | | |
| Other Language | | | Other Language | | | |
| Interpreter Required. Y or N | | | | Interpreter Required. Y or N | | |
| Relationship To Student: [Parent, Step-Parent, Adoptive Parent, Foster Parent, Relative, Friend, Self or Other] | | | Relationship To Student: [Parent, Step-Parent, Adoptive Parent, Foster Parent, Relative, Friend, Self or Other] | | | |

| | |
|--|--|
| Living With Primary Family: A = Always, M = Mostly, B = Balanced, O = Occasionally, N = Never | |
| Correspondence to: A = Adult A, B = Adult B, C = Both Adults, N = Neither | |

| | |
|---|--|
| Language Spoken at Home Leave blank if English. | |
| Language Of Notices Leave blank if English. | |

Continued:

| ADULT A: Contact Details | | | ADULT B: Contact Details | | |
|---|--|--|---|--|--|
| Contact At Work Y or N | | | Contact At Work Y or N | | |
| Business Hours | | | Business Hours | | |
| Usually Home Y or N | | | Usually Home Y or N | | |
| Phone & Other Contact Information | | | Phone & Other Contact Information | | |
| After Hours | | | After Hours | | |
| Usually Home Y or N | | | Usually Home Y or N | | |
| Phone & Other Contact Information | | | Phone & Other Contact Information | | |

| Family Home Address Details | | | | | |
|-----------------------------|--|-------------------------|--|---------------|--|
| No & Street | | | | | |
| Suburb & Post Code | | | | | |
| Telephone Number | | Silent Number Y or N | | Mobile Number | |

| Family Mailing Address Details– Leave Blank if the same as Family Home Address | | | | | |
|--|--|-------------------------|--|---------------|--|
| No. & Street | | | | | |
| Suburb & Post Code | | | | | |
| Telephone Number | | Silent Number Y or N | | Mobile Number | |

| Family Doctor Details | | | | | |
|--------------------------------|--|-----------------|--|--------------------------------|--|
| Doctor's Name | | | | Individual or Group I or G | |
| Building Details | | | | | |
| No. & Street | | | | | |
| Suburb & Post Code | | | | | |
| Telephone Number | | | | | |
| Ambulance Subscriber Y or N | | Medicare Number | | Private Health Cover Y or N | |

| Prime Family Emergency Contacts | | | | |
|---------------------------------|------|---|--|---------------------------|
| | Name | Relationship [Neighbour, Relative, Friend or Other] | Language Spoken If English Leave Blank | Telephone Contacts |
| 1 | | | | Home: Work: Mobile: |
| 2 | | | | Home: Work: Mobile: |

| RESTRICTIONS | |
|---|---|
| *** PLEASE ATTACH COPY OF RELEVANT DOCUMENTATION | |
| Is There An Access Alert? Y or N | If Y, then complete the following boxes: If N move to activity restriction section below |
| Access Type | Court Order, Family Law Order, Restraining Order or Other |
| Access Restriction [Description] | |
| Activity Restriction: [If Any] | |

| MEDICAL / IMMUNISATION DETAILS | | | |
|--|--|--|--|
| Medical Alert Y or N | | Medicare Number | |
| <p>In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:</p> <ul style="list-style-type: none"> consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, administer such first aid as the Principal or staff member may judge to be reasonably necessary. | | | |
| Signature of Parent/Guardian _____ | | | |
| Disability Y or N | | Immunisation Status | C = Complete, P = Partial N = Not Immunised |
| Disability ID Number | | If your answer to above is complete then you do not have to fill in the individual immunisations below. | |
| Hearing Impairment Y or N | | Y = Immunised, N = Not Immunised and U = Unknown | |
| Speech Impairment Y or N | | Diphtheria | Pertussis [Whooping Cough] |
| Vision Impairment Y or N | | Haemophilus Influenzae Type B | Poliomyelitis |
| Mobility Impairment Y or N | | MMR | Tetanus |

| | | | |
|---|--|-------------------------------|--|
| ****This section should only be completed if this student has a doctor other than the family doctor.**** | | | |
| Family Doctor Details | | | |
| Doctor's Name | | Individual or Group I or G | |
| Building Details | | | |
| No. & Street | | | |
| Suburb & Post Code | | | |
| Telephone Number | | | |
| Ambulance Subscriber Y or N | | Medicare Number | |

MEDICAL/ALLERGY CONDITIONS (i.e. Asthma, Food etc)

| | | | | | |
|--|---------------------------|--|---------------------------------------|-------------------------------------|--|
| 1/ Medical/Allergy Condition | | | | | |
| Further Detail: | | | | | |
| Symptoms | Cough Y or N | | Difficulty Breathing Y or N | | On display of symptoms: |
| | Wheeze Y or N | | Symptoms After Exertion Y or N | | Inform Doctor? Y or N |
| | Tight Chest Y or N | | | | Inform Emergency Contact Y or N |
| PLEASE SUPPLY COPY OF ASTHMA MANAGEMENT PLAN (Form available from OSHP) | | | | Administer Medication Y or N | |
| | | | | Other Medical Action Y or N | |
| Medication | | | | Dosage | |
| Frequency | | | | Administer By: | |
| Location Stored | | | | Dosage time | |
| Reminder Required Y or N | | | | Poison Rating | |

| | | | | | | | |
|-------------------------------------|--|--|--|-----------------------|--|--|--|
| 2/ Medical/Allergy Condition | | | | | | | |
| Further Detail: | | | | | | | |
| Symptoms | | | | | On display of symptoms: | | |
| | | | | | Inform Doctor? Y or N | | |
| | | | | | Inform Emergency Contact Y or N | | |
| | | | | | Administer Medication Y or N | | |
| | | | | | Other Medical Action Y or N | | |
| Medication | | | | Dosage | | | |
| Frequency | | | | Administer By: | | | |
| Location Stored | | | | Dosage Time | | | |
| Reminder Required Y or N | | | | Poison Rating | | | |

| | | | | | | | |
|-------------------------------------|--|--|--|-----------------------|--|--|--|
| 3/ Medical/Allergy Condition | | | | | | | |
| Further Detail: | | | | | | | |
| Symptoms | | | | | On display of symptoms: | | |
| | | | | | Inform Doctor? Y or N | | |
| | | | | | Inform Emergency Contact Y or N | | |
| | | | | | Administer Medication Y or N | | |
| | | | | | Other Medical Action Y or N | | |
| Medication | | | | Dosage | | | |
| Frequency | | | | Administer By: | | | |
| Location Stored | | | | Dosage Time | | | |
| Reminder Required Y or N | | | | Poison Rating | | | |

Please specify (by circling) which days you wish to
PERMANENTLY book your child into:

Before School Care

Monday

Tuesday

Wednesday

Thursday

Friday

After School Care

Monday

Tuesday

Wednesday

Thursday

Friday

WHO WILL COLLECT YOUR CHILD?

Aside from Adult A/Adult B/Guardians nominated on this enrolment form, your child will only be permitted to leave the premises with the following listed persons.

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

NB: If cancelling a permanent booking for After School Care, this must be done prior to 9.00am to ensure there will be no charge. After 9.00am the usual charge will apply.

OUT OF SCHOOL HOURS PROGRAM

Oakleigh Primary School

Below are a few questions regarding your child to help the staff of Out of School Hours Program get to know your child better:

What foods does your child like / dislike:

Like:

Dislike:

Is your child allergic to any food/nuts, milk, etc?

Please list:

Does your child like computer or play station?

Yes / No

Does your child need restriction on either computer or play station?

Yes / No

Does your child like doing crafts ?

Yes / No

If so what:

What is your child's favourite sport? _____

Do you want staff to help with homework, listen to reading?

Yes / No

If so please list:

Any other suggestions:
