



**OFFICE USE ONLY:
WITHIN CATCHMENT AREA**

(Y/N): _____

ENROLMENT ACCEPTED (Y/N): _____

WAITING LIST (Y/N): _____

CLASS ALLOCATION: _____

EXPRESSION OF INTEREST TO ENROL FORM

DATE {of contact}: _____

YEAR OF ENROLMENT: _____

YEAR LEVEL ENROLLING: {1} _____ {2} _____

PREVIOUS SCHOOL/KINDY: _____

STUDENT{S} FAMILY NAME: _____

STUDENT{S} GIVEN NAMES: {1} _____ {2} _____

DATE OF BIRTH: {1} _____ {2} _____

ADDITIONAL INFORMATION: _____

{Provided by parent to Office} _____

PARENT / GUARDIAN NAME: {1} _____ {2} _____

RESIDENTIAL ADDRESS: _____

MOBILE: {1} _____ {2} _____

HOME PHONE: _____

WORK PHONE: {1} _____ {2} _____

EMAIL: {1} _____ {2} _____

OFFICE USE ONLY:

ENROLMENT PACKAGE TAKEN: _____

COPY OF BIRTH CERTIFICATE RECEIVED _____

COPY OF IMMUNISATION RECORD RECEIVED _____

ENTERED ON ENROLMENT SPREADSHEET BY: _____

DATE: _____

PRINCIPAL / DEPUTY PRINCIPAL TO COMPLETE:

STUDENT INFORMATION

ACADEMIC:

BEHAVIOUR:

FAMILY STATUS:

MEDICAL: {Please discuss with parents}

Asthma – requires staff assistance – Asthma Action Plan required:

Asthma – Self Administers – No Action Plan required {refer to information below}:

Other medical information:

Before the self-administration option can be selected for a student, it must be confirmed with the parent that they are confident that their child has the capacity to confidently, competently and safely administer the right dose of their asthma medication at the right times, and can store their medication securely. If this is the case, this parental decision can be recorded using the new drop-down item.

*If the student is self-administering, the school only needs to request a copy of the student's Asthma Action Plan from the parent if the response to an asthma emergency needs to be different to the standard Asthma First Aid response.