



ST JOHN'S  
GRAMMAR

## Child's Details

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Known as: \_\_\_\_\_ Class/Group: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ CRN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Enrolling Parent/Guardian

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ CRN: \_\_\_\_\_  
 Relationship to child/ren: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: (h): \_\_\_\_\_ (m): \_\_\_\_\_ (w): \_\_\_\_\_  
 Email: \_\_\_\_\_

## Other Parent/Guardian

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to child/ren: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: (h): \_\_\_\_\_ (m): \_\_\_\_\_ (w): \_\_\_\_\_  
 Email: \_\_\_\_\_

## Cultural Heritage

Language spoken at home: \_\_\_\_\_  
 Cultural background of child/parents: \_\_\_\_\_  
 Any special cultural considerations: \_\_\_\_\_  
 \_\_\_\_\_

## Court/Parenting Orders

Yes  No

*If yes, please attach details*



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## Medical Details

Has the child been diagnosed as at risk of Anaphylaxis?

Yes  No

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child been diagnosed with Asthma?

Yes  No

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any other allergies or allergic reactions?

Yes  No

If yes, please provide details, including any required medication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If the child has been diagnosed with Asthma or being at risk of Anaphylaxis, an Action Plan from the child's GP and any required medication is required to be submitted to staff. A Permission to Administer Medication form is also required to be completed. If you have answered yes to either of the above, staff will contact you to discuss this.*

## Usual General Practitioner

Doctor's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

## Usual Dentist

Dentist's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

## Medicare Number

\_\_\_\_\_



## Medical Details - Other

Has the child received all immunisations appropriate for their age?

Yes  No

If no, please provide details \_\_\_\_\_

Does the child have any conditions, or take any medications, that may be affected by School activities?

Yes  No

If yes, please provide details, including any related medication \_\_\_\_\_

Does the child have any additional/special needs?

Yes  No

If yes, please provide details, including any related medication \_\_\_\_\_

Does the child usually require any special aids (eg glasses, hearing aid etc)?

Yes  No

If yes, please provide details \_\_\_\_\_

Does the child have any dietary needs not related to allergies?

Yes  No

If yes, please provide details \_\_\_\_\_

Has the child suffered any illness that may re-occur (eg ear infections)?

Yes  No

If yes, please provide details \_\_\_\_\_

Is there any other information you would like to share (eg behaviour, homework, concerns, personal)?

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## Emergency Contacts

### Priority 1

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: (h): \_\_\_\_\_ (m): \_\_\_\_\_ (w): \_\_\_\_\_  
 Email: \_\_\_\_\_

### Priority 2

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: (h): \_\_\_\_\_ (m): \_\_\_\_\_ (w): \_\_\_\_\_  
 Email: \_\_\_\_\_

### Priority 3

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: (h): \_\_\_\_\_ (m): \_\_\_\_\_ (w): \_\_\_\_\_  
 Email: \_\_\_\_\_

## Consents and Agreements

- I consent for St John's Grammar staff to apply sunblock to my child if required
- I consent for my child to be attended to and transported by ambulance service if required, and understand I am liable for any costs incurred
- I consent to staff administering basic first aid to my child if the need arises
- I agree to comply with the policies and procedures of St John's Grammar School
- I agree to pay the required fees for any registration fees and bookings made as per agreement
- I certify that the information entered upon this for, Parts 1-4, is true to the best of my knowledge and I undertake to inform St John's Grammar School if any of these details change.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_