



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 must 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: _____