

**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



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

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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)?



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: _____