



STUDENT ENROLMENT FORM

The Student Enrolment Form should be completed if you wish to accept an offer of a place at our school. The student’s enrolment is complete once this form is submitted to the school with the necessary documentation.

Family details should include the details of the parent/carer residing at the same address as the student. Details relating to parents or other carers not residing with the student may be included in other contact details. You will also need to complete a Student Health Care Summary. Please complete the forms in English. Please contact the school if you require assistance with translation.

Older devices and some smart devices may need Adobe Reader to use this form. A free version of Adobe Reader is available to download via <https://get.adobe.com/reader/>.

SCHOOL NAME

School name

Year Level entering

STUDENT DETAILS

Student surname

Legal surname (if different)

Previous Surname (if applicable)

1st Name

2nd Name

3rd Name

Preferred Name

Date of birth (dd/mm/yy)

/ /

Gender

Male

Female

Other

Residential Address

Postcode

Telephone (Home)

Car Registration (if applicable)

Student’s Religion (if applicable)

Is the student to be withdrawn from religious instruction or activities?

YES

NO

STUDENT DETAILS (Continued)

Is the student of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander (TSI) Yes, both Aboriginal and TSI

Does the student speak a language other than English at home?

No, English only Yes, Aboriginal English Yes, other language - please specify

(If more than one language, including an Aboriginal language, indicate the one that is spoken most often)

What was the first language spoken at home?

Does the student mainly speak English at home? YES NO

EVIDENCE OF IMMUNISATION STATUS

The student's Australian Immunisation Register (AIR) Immunisation History Statement shows the immunisation status is:

Up to date Not up to date The student has an Immunisation Certificate issued by the Chief Health Officer

SIBLING DETAILS

Full Name/s of siblings attending this school

Student lives with:

Both Parents

Parent/Carer 1 **Name** **Relationship to student**

Parent/Carer 2 **Name** **Relationship to student**

Independent minor **Name** **Relationship to student**

Adult Student **Name** **Relationship to student**

Other, please specify **Name** **Relationship to student**

RESIDENCY STATUS

Nationality (optional)

Country of Birth

Is the student an Australian citizen? YES NO

If No, Is the student a permanent resident of Australia? NO YES - If Yes, Visa Sub Class Number

Is the student a temporary resident of Australia? YES NO

If Yes, Date of Arrival in Australia / / **Visa Sub Class Number**

Visa Expiry Date / /
(if applicable)

PREVIOUS SCHOOL

Previous School

If previously enrolled in Home Education, specify the Education Region

Has your child ever been suspended or excluded from a school?

YES

NO

DISABILITY

Does the student have a disability?

YES

NO

If Yes, please specify

Please tick if you can provide documentation about (The school will request copies of this information)

Autism

Physical Disability

Deaf or Hard of Hearing

Severe Mental Disorder

Global Developmental Delay (prior to age 6)

Specific Speech and/or Language Impairment

Intellectual Disability

Vision Impairment

Other, please specify

CONFIDENTIAL INFORMATION

Is this student subject to any court orders in respect of their care, welfare and development or access restrictions?

YES

NO

If YES, please specify and attach supporting documentation.

Does the family or student have a Health Care Card?

YES

NO

If Yes, please provide card number

Expiry Date

/

/

Is this student in the care of Director General of the Department of Communities - Child Protection and Family Support (CPFS)?

NO

YES - If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

District

Name

Contact Number

Does the student receive any of the following allowances? (Check the boxes that apply)

Secondary Assistance

Youth Allowance

Assistance for Isolated Children (AIC)

Abstudy

PARENT / CARER 1 DETAILS

Title	First Name
Surname	
Relationship to the student	
Date of birth (dd/mm/yy) / /	Gender Male Female Other
Postal Address (if different from student residential address)	Postcode
Telephone	Mobile Number
Email Address	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 1 speak a language other than English at home?

NO, English only YES, other - please specify

(If more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 1 has completed?

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 1 has completed?

Bachelor degree or above

Advanced diploma/Diploma

Certificate I to IV (including trade certificate)

No non-school qualification

What is the occupation group for Parent/Carer 1?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.
If you have not been in paid work in the last 12 month, enter '8'.)

PARENT / CARER 2 DETAILS

Title	First Name
Surname	
Relationship to the student	
Date of birth (dd/mm/yy) / /	Gender Male Female Other
Postal Address (if different from student residential address)	Postcode
Telephone	Mobile Number
Email Address	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information is voluntary but your information will help the Department of Education ensure that all students are being well served by our public schools.

Does Parent/Carer 2 speak a language other than English at home?

NO, English only YES, other - please specify
(If more than one language, indicate the one that is spoken most often)

What is the highest year of school Parent/Carer 2 has completed?

Year 12 or equivalent Year 11 or equivalent
Year 10 or equivalent Year 9 or equivalent or below
(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification Parent/Carer 2 has completed?

Bachelor degree or above Advanced diploma/Diploma
Certificate I to IV (including trade certificate) No non-school qualification

What is the occupation group for Parent/Carer 2?

(Refer to Attachment 'Parent Occupation Groupings' for more information regarding the categories)

1. Senior Management in large business organisation, government administration & defence, and qualified professionals
2. Other business managers, arts/media/sportspersons & associate professionals
3. Tradesmen/women, clerks and skilled office, sales & service staff
4. Machine operators, hospitality staff, assistants, labourers and related workers
8. Unemployed, Retired, Student

(If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.
If you have not been in paid work in the last 12 month, enter '8'.)

OTHER FAMILY DETAILS

If applicable, please talk to your school about:

- arrangements for the payment of contributions or charges;
- distribution of information, including student reports and newsletters

OTHER CONTACT DETAILS (People other than Parent/Carer 1 and Parent/Carer 2 who may be contacted in an emergency.)

CONTACT 1:

Title

First Name

Surname

Relationship to the student

Postal Address

(if different from student residential address)

Postcode

Telephone (Home)

Mobile Number

Email Address

CONTACT 2:

Title

First Name

Surname

Relationship to the student

Postal Address

(if different from student residential address)

Postcode

Telephone (Home)

Mobile Number

Email Address

PRIVACY AND DECLARATION

Please tick to confirm:

I understand:

that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

I declare:

This is the only enrolment I have made for the student.

I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.

I have provided all documentation available to me.

Name of person enrolling student

Title

First Name

Surname

Relationship to the student

Signature

Date / /

(Independent minors and those aged 18 years or older may sign on their own behalf)

APPROVAL OF PRINCIPAL OR DELEGATE

Principal's approval

Enrolment approved

YES

NO

Signature

Date / /

OFFICE USE ONLY

Student's official documentation all sighted **Date** / / YES NO

Birth certificate Passport Visa document/s

Other, please specify

Year/Form/Class

House Faction

Student's Residency status Australian citizen Permanent resident Temporary resident

International Fee Paying YES NO

Entry Date / /

Previous School

LOTE Stage **Records received** YES NO

Contributions/Charges Billing PG1 (%) PG2 (%) Other (%)

School records PG1 PG2 Other
(including reports, to be sent to)

AIR Immunisation History Statement provided YES NO

Date of issue / / **Immunisation status is** Up to date Not up to date

Date AIR sighted / /

If not up to date, additional request/s for documentation on date/s:

Immunisation Certificate issued by the Chief Health Officer YES NO

Kindergarten eligibility for immunisation exemption: Code

Enrolment approved by Principal YES **Date** / / NO

Entered on School Information system by **Date** / /

Student leaves school (Date) / / **Advice of Transfer (Date)** / /

Destination

Records received from transferring school YES NO **Date** / /

Relates to questions in Parent/Carer 1 and Parent/Carer 2 sections in this form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p>Senior executive/ manager / department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/ education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/ pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/ engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author]. or media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/ filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refuge/ child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/ supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/ data entry/business machine operator, receptionist, office assistant].</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

Policy Agreements

Permission to Publish Students Images and Work for School Purposes

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child. (complete policy provided).

I give permission for Southern River College to use my child's name, image and work in printed and digital formats to promote this College and the Western Australian Department of Education as indicated in the SRC Permission to Publish policy.

1. Permission granted

2. Permission NOT granted

(NB: Ticking box 2 will mean that your child will not appear in school publications of any nature)

Parent Signature

Student Signature

Online Services Acceptable Use Agreement

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the **Online Services Acceptable Use Agreement** for school students.

I give permission for my child to have an online services account.

I DO NOT give permission for my child to have an online services account.

(NB: Ticking DO NOT will mean that your child will NOT be able to access any ICT devices or the internet in the school and this will impact on their academic performance and completion of online assessments.)

I agree to follow the rules and guidelines in the **Online Services Acceptable Use Agreement**

(complete policy provided – please ensure you and your child have read it) for school students at Southern River College.

I understand that if I break any of the rules in the agreement, it may result in disciplinary action, determined by the Principal in accordance with the Department's *Behaviour Management in Schools* policy.

Parent Signature

Student Signature

inspire.

PERMISSION TO PUBLISH STUDENTS IMAGES AND WORK FOR SCHOOL PURPOSES

Dear Parent/Carer

Your permission is sought for the school to publish video or photographic images of your child and/or samples of your child's school work to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of your child or child's work; however there will be occasions when your child's name, class and school may be published along with images.

If you agree to this use of your child's image and school work please complete the consent below. Once signed, the consent will remain effective until such time as you advise the school otherwise.

Mrs Eaton (Principal)
Southern River College

PERMISSION (do not detach)

I agree to the videoing or photographing of my child and my child's school work during school activities for use by the school and the Department of Education in the ways stated above.

IMPORTANT: I understand that while the school and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.). I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department in writing; however, this will not affect materials that have already been published and disseminated.

Name of student: _____ **Form / Class:** _____

Signature of student: _____ **Date:** _____

Signature of parent: _____ **Date:** _____

inspire.

ONLINE SERVICES ACCEPTABLE USE AGREEMENT



If you use ICT and the online services of the Department of Education and Training and Southern River College you must agree to the following rules:

I will:

- Not let others use my logon and/or online services account or provide my password to others.
- Only use online services for purposes which support my learning and educational research and do not access internet sites that have been blocked by the school or the Department of Education.
- Check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- Acknowledge the creator or author of any material used in my research for school work by using appropriate referencing.
- Get permission from the copyright owner of any material used in my school work before I reuse it in a portfolio for employment, in a competition or any other uses other than for my private research and study.
- Follow the SRC Guidelines for Online Discussions by using appropriate and courteous language in all Internet communications.
- Be mindful of the possible problems caused by sharing or transmitting large files online.
- Follow the instructions of teachers and only use ICT and online services for purposes which support my learning and educational research.
- Make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- Not access other people's online services accounts.
- Not attempt to access inappropriate material online or try to access Internet sites that have been blocked by the school or the Department of Education and Training.
- Not damage or disable the computers, computer systems or computer networks of the school, the Department of Education and Training or any other organisation.
- Not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- Not use or distribute material from another source unless authorised to do so by the copyright owner.
- Not use the Department's online services for personal gain or illegal activity, to bully, offend or intimidate others or send inappropriate materials including software that may damage computers, data or networks.
- Tell a teacher if I find any information that is inappropriate or makes me feel uncomfortable about it. Examples of inappropriate content include violent, racist, sexist, or pornographic materials, or content that is offensive, disturbing or intimidating or that encourages dangerous or illegal activity.
- Tell my teacher and/or the ICT Technician if I think someone has interfered with or is using my logon and/or online services account.

I understand that:

- I am held responsible for my actions while using my online services account and for any breaches caused by allowing any other person to use my online services account;
- I will be held legally liable for offences committed using online services.
- I must have a USB drive to manage my data.
- The misuse of online services, as monitored by the school and Department of Education, may result in disciplinary action, determined by the principal in accordance with the Department's Behaviour Management in Schools policy; and
- The school and the Department of Education and Training may monitor any information sent or received and can trace activity to the online services accounts of specific users.

I understand that the following activities are NOT allowed:

- Airdrop or Bluetooth
- Distributing multimedia or software
- Downloading software or software updates
- Making purchases online
- Messaging
- Playing preinstalled or online games
- Proxy sites
- Social networking (Facebook, Instagram, Snapchat and YouTube are banned specifically)
- Streaming/Watching music or videos

ONLINE SERVICES ACCEPTABLE USE AGREEMENT



I understand that if I have a personal device, e.g. MacBook, that I will:

- Be monitored to ensure appropriate use.
- Be responsible for the device at all times.
- Bring the device to school daily fully charged and functional.
- Follow teacher instructions when using the device at school.
- Have monitoring software installed to monitor appropriate use at school.
- Keep it in a hard cover when not in use.
- Make regular backups of my work.
- Not loan or share my device.
- Not use it during recess or lunch unless I am in a designated area.
- Use the device for only school related activities.
- Ensure an approved antivirus is installed and kept current

PARENT/GUARDIAN AND STUDENT ACKNOWLEDGEMENT & PERMISSION FOR STUDENTS TO HAVE AN ONLINE SERVICES ACCOUNT

Parent

- I give permission for my child to have an online services account.
- I DO NOT give permission for my child to have an online services account.

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Online Services Acceptable Use Agreement for school students.

Note: While every reasonable effort is made by schools and the Department of Education to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter internet content accessed by your child from home or from other locations away from the school. The Department recommends the use of appropriate internet filtering software at home.

Parent & Student

I agree to follow the rules and guidelines in the **Online Services Acceptable Use Agreement** for school students at Southern River College.

I understand that if I break any of the rules in the agreement, it may result in disciplinary action, determined by the principal in accordance with the Department's *Behaviour Management in Schools* policy.

Full name of student: _____

Year: _____

Student signature: _____

Date: _____

Parent Name: _____

Parent/Guardian signature: _____

Date: _____



FORM 1 STUDENT HEALTH CARE SUMMARY

SECTION A

Year	Form	Teacher
Student's name		
Date of birth (dd/mm/yy)	/ /	Gender Male Female Not Specified
Address		
Postcode		

FAMILY CONTACT DETAILS

Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	
Name	
Relationship to student	
Address	
Postcode	
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. *allergy to penicillin.*

Medicare Card number

Medicare Card Individual
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

NO - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature

Date / /

YES - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

SECTION B

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies)	Will school staff require specific training to support your child?	
Severe Allergy/Anaphylaxis	YES	NO
Minor and Moderate Allergies	YES	NO
Diabetes	YES	NO
Seizures	YES	NO
Asthma	YES	NO
Activities of Daily Living	YES	NO
Other Conditions or Needs (Please specify below)	YES	NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES NO - *If yes, advise the Principal:*

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff. YES NO

If yes, please attach photo to the relevant health care plan(s).

SECTION D - MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? YES NO - *If yes, provide details below:*

Parent/Carer Signature _____ **Date** / /

Parent/Care Name _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.

Note: Where appropriate students should be encouraged to participate in their health care planning.

OFFICE USE ONLY

Does the child have an allergy that needs to be flagged on SIS? YES NO **Date** / /

Have relevant health care plans been issued to the parent? YES NO **Date** / /

Has the Principal been informed if:
 specific training is required to support the student? YES NO
 the student's health care information is to be restricted? YES NO

Date *Student Health Care Summary* was completed and uploaded on SIS: **Date** / /