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RAN COLLEGE



COMMUNITY RE[®] SERVICE

STUDENT INFORMATION

Does your child have a known disability or learning difficulty?

(Intellectual, physical, emotional, hearing or vision)

Yes No

If yes, please provide the name of the disability or learning difficulty:

(Please attach a copy of the relevant Report)

Has your child been assessed in the 'gifted' range?

Yes No

Is your child fully toilet trained?

Yes No

Is this student of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal Yes, Torres Strait Islander

PERSONAL POSSESSIONS

The College does not accept liability for damage or loss of any personal possessions of students and insurance for a student's personal possessions is the responsibility of the family.

MEDICAL INFORMATION

Does your child have any of the following medical conditions:

Asthma Diabetes Allergy Epilepsy Anaphylaxis Other

Name of Condition:

What are the symptoms?

What treatment should we give / how can we manage the condition?

Does this condition restrict your child from participating in any aspects of the College curriculum or program?

Yes No

If Yes, please provide details:

Has the student a current Health Plan?

Yes No

If yes, please provide a copy to the College

Is your child affected by any of the following?

Yes No

If Yes, please tick the relevant box: Speech / Language
Behavioural

Social / Emotional /

Autism / Aspergers

Hearing

Non verbal Learning Disorder

ADD / ADHD

Vision

Physical

Learning Difficulty

Dietary Restrictions (please supply details below)

Other (please specify):

Are there any special considerations for the child,
eg. any cultural or religious requirements or additional needs?

Yes No

Does your child take regular medication? Yes No

If Yes, a medical record is required to be completed by a parent / caregiver or authorised person before medication can be administered by sta .

On enrolment acceptance, a risk minimisation plan will be developed in consultation with sta and parents / caregivers.

Family Doctor: Name:

Address: Phone:

Are your child's immunisation records up to date? Yes No (please provide a copy for file)

If my child is unwell I will arrange for my child to be collected from the centre, within an hour of being contacted. I understand that my child cannot attend the centre if they are sick/infectious.

Signature:

Whilst a sta member will attempt to contact me first, I acknowledge that this form gives permission for the sta member to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, where contact with me is unsuccessful, due to urgency.

Signature:

In an emergency I consent to the transportation of my child by an ambulance service.

Signature:

EMERGENCY SITUATIONS

In the event of a child requiring urgent medical attention because of injury or some other condition, the Principal or appointed sta member will arrange for transport to an appropriate medical facility for treatment, and all medical expenses incurred will be payable by the student's parents or caregiver

PERMISSIONS

Children within the centre are observed both formally and informally. These observations are sometimes supported with photographs, which are used to enhance displays around the centre as well as each child's early learning records. These records are used to devise developmentally appropriate programs for the children. Your child's progress report may be accessed freely by you and the children.

I give permission for my child's photograph/video and name to be published: Yes No

Eg: At certain times throughout the year, our students may have the opportunity to be photographed or filmed for College purposes, Eg, College website/social media/promotional materials/College publications.



The College will seek permission in individual circumstances if we wish to use your child's photograph for media or third party use.

I consent to my child leaving the ELC area for events / activities at the Junior School. Yes No

I consent to my child leaving the ELC area to walk to Chapel or Assemblies at the below locations relevant to their campus: Yes No

Good Shepherd Lutheran College Chapel middle/senior school, Cornerstone Church - Howard Springs Junior school or Dreambuilders Church – Leanyer Campus

I consent to confidential progress records being kept in relation to my child. Yes No

I consent to students from outside institutions, as a part of their practical training, undertaking observations of my child. (Fictitious names will be used and you will be notified prior to these occasions.)

Yes No

Signature:

PARENT INFORMATION

Note: Some of this information must be collected as stipulated by the Australian Government 'Performance Measurement and Reporting Taskforce' as required by all Schools and Testing Agents

	Parent / Carer Primary Contact	Parent / Carer Secondary Contact
Title:	Mr / Mrs / Ms / Miss / Dr / Rev / Prof	Mr / Mrs / Ms / Miss / Dr / Rev / Prof
Surname:		
First Names:		
Relationship to Child:		
Address:		
Postcode:		
Postal address:		
Postcode:		
Phone Home:		
Mobile:		
SMS Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Work:		
Email:		
Occupation:		
Name of employer/business:		
Cultural Background:		
Religious Denomination:		
Nationality:		
Country of Birth:		
Language spoken at home		

Child's legal custodian/s:

Married De facto Separated Divorced Foster Widow Single

Are there any Custody Orders Yes No

If yes a copy of the custody orders must be supplied with this acceptance (unless already supplied at application)

Emergency Contact Name (other than parents):

Phone Home:

Mobile:

Work:

Relationship to Child:

Address:

I give permission for my child to be collected by the following people:

1. Phone: Relationship to child:

2. Phone: Relationship to child:

3. Phone: Relationship to child:

Person to be first contact in the case of an emergency/illness:



Siblings at Good Shepherd? If yes, please provide names:

Name: Past Current Future

Name: Past Current Future

Name: Past Current Future



Please attach a brief statement outlining your reasons for wishing to send your child to Good Shepherd Lutheran College.

FEES



Early Learning Centre fees are paid in full within 7 days of the account being issued.

CONDITIONS OF ENROLMENT



Parents agree to be bound by the current and future policies of the College and undertake to ensure that their child will be bound by those rules. A copy of the relevant policy is available upon request. All students are expected to wear the correct school uniform and to maintain it in a neat and tidy manner at all times. In public at all times, students are to behave in such a way as to uphold the good name of

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PRIVACY INFORMATION

1. The College collects personal information, including sensitive information about students and parents or guardians, before and during the course of a student's enrolment at the College. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the College to provide schooling to the pupil and to enable them to take part in all the activities of the College.
2. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
3. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes to other schools, government departments, Lutheran Education agencies, medical practitioners, and people providing services to the College, including specialist visiting teachers, sports coaches, volunteers and counsellors.
4. The College may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.
5. The College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
6. In situations where parents are separated, it is the policy of the College to release school reports to both parents of the student upon request as determined within the current Privacy legislation. It is also our policy to allow both parents to attend parent/teacher interviews upon request. However, the College will abide by any court orders which prevent the release of such information.
7. Some of the information the College collects is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
8. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical information or medical reports about your child from time to time.
9. In the event of default of payment of fees, the College may refer the default to a debt collection agency and/or solicitor. If this occurs, personal information will be disclosed to the agency and you will be responsible for the collection costs.
10. The College from time to time is required to disclose personal and sensitive information in order to comply with the law or to report matters to the relevant persons or authorities.
11. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in the College newsletter, magazine and our website.
12. Parents or guardians may seek access to personal information collected about them and their child by contacting the College. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student, or where students have provided information in confidence.
13. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish and that the College does not usually supply the information to third parties.

Date: Signed Parent / Caregiver:

(Print full name):

Date: Signed Parent / Caregiver:

(Print full name):

