ST JOHN BOSCO COLLEGE
JOY IN LEARNING

INTERVIEW
STUDENT INFORMATION FORM

Please complete and submit student information form with other supporting documentation at or prior to the interview.

The identification of additional support needs will not affect the enrolment decision. However, a full discussion is encouraged to enhance the College's ability to plan and support your child.

A. STUDENT DETAILS

Surname		First Name	
Preferred Name		Gender	◯ Male ◯ Female
Address			
State		Postcode	

The School Education Act 1999 requires the provision of:
16. Information required when applying to enrol
G… " details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee or other persons in the school" (16G)
The Disability Standards for Education 2005 https://www.education.gov.au/disability-standards-education-2005
4.2 Enrolment standards (1) The education provider must take reasonable steps to ensure that the prospective student is able to seek admission to, apply for enrolment in, the institution on the same basis as a prospective student without a disability, and without experiencing discrimination.

B. INDIVIDUAL NEEDS

To assist the College to respond to individual requirements please detail any additional needs your child has in the following area(s) that may affect his/her learning, participation, or welfare during College hours.

Medical/Health Care	
Medical Details If medication or medical/health care services are required during College hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.	
Communication Needs	☐
Learning	☐
Physical	☐
Self-Care	☐
Sensory Needs (e.g. Vision/Hearing)	☐
Socio-emotional	☐

C. EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency?	☐ Yes	☐ No	
If yes, please provide more details:			
Name of service provider		Contact Number	

D. IMMUNISATION RECORD (Application to an imminent enrolment commencement)

F- Fully immunised | N- Not immunised | I- Incomplete immunisation | P- Personal Objections

Measles	P-F	Mumps	P-F	Rubella	P-F	Diphtheria	P-F
Hepatitis B	P-F	Pertussis (Whooping Cough)	P-F	Polio (OPV)	P-F	Tetanus	P-F
Immunisation Record Attached				☐ Yes	☐ No		

E. MEDICAL INFORMATION (Application to an imminent enrolment commencement)

Family Doctor/ Medical Clinic		Contact Numbers:	
Address			
Dentist/Dental Clinic		Contact Numbers:	
Address			
Medicare Number (This Field is Mandatory)		Blood Group: (If known)	
Private Health Fund		Private Health Fund Number	

F. MEDICAL EMERGENCY AUTHORISATION (Application to an imminent enrolment commencement)

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I/we are unable to be contacted within a reasonable time, I/we authorise the College to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

Signature of Female Parent / Carer / Guardian		Date of Signature	/ / *MM DD YY*
Signature of Male Parent/ Carer / Guardian		Date of Signature	/ / *MM DD YY*