



GIRL ACADEMY

CAPE YORK PARTNERSHIP

Responsibility • Opportunity • Freedom

Enrolment Application

Student

Applicant's name	
Child's name	
Proposed year level	
Commencement date	

Student details			
Last name		First name	
Preferred name		Other	
Home address			
Postal address			
Phone number		Mobile number	
Email address			
Date of birth		Place of birth	
Cultural identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Aboriginal & TSI <input type="checkbox"/> Other		
Clan / tribe		Language(s)	
Last school attended			
Year of schooling			
Family details			
Mother			
Last name		First name	
Home address			
Postal address			
Home phone number		Work phone number	
Mobile number		Email address	
Employer			
Place of birth		Clan / tribe	
Cultural identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Aboriginal & TSI <input type="checkbox"/> Other		
Level of schooling completed		Additional studies	
Father			
Last name		First name	
Home address			
Postal address			
Home phone number		Work phone number	
Mobile number		Email address	
Employer			
Place of birth		Clan / tribe	
Cultural identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Aboriginal & TSI <input type="checkbox"/> Other		
Level of schooling completed		Additional studies	

Family details <i>(continued)</i>			
Guardian <i>(if same as parents write 'as above')</i>			
Last name		First name	
Home address			
Postal address			
Home phone number		Work phone number	
Mobile number		Email address	
Employer			
Place of birth		Clan / tribe	
Cultural identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Aboriginal & TSI <input type="checkbox"/> Other		
Level of schooling completed		Additional studies	
Emergency details			
Emergency contact 1 <i>(must be different from parent or guardian)</i>			
Last name		First name	
Home address			
Postal address			
Home phone number		Work phone number	
Mobile number		Email address	
Employer			
Relationship to student			
Emergency contact 2 <i>(must be different from parent or guardian)</i>			
Last name		First name	
Home address			
Postal address			
Home phone number		Work phone number	
Mobile number		Email address	
Employer			
Relationship to student			

Student history			
<p>Girl Academy is responsible for the welfare and safety of its staff and students at school. It is essential that the Academy be aware of any past student behaviour, personal circumstances or medical issues which would pose a risk to the student or other students or staff at the school. The Academy also needs to be aware of any student behavioural or medical issues so that it can assist in their treatment and management if appropriate.</p>			
Risk to others			
<p>Are you aware of anything in the student's history which may pose any risk to the student, other students or staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If yes, please give details</p>			
Previous school history			
<p>Has the student been suspended, expelled or had their enrolment cancelled by any previous school or educational institution? <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Enrolment cancelled <input type="checkbox"/> None of the above</p>			
<p>If yes, please give details</p>			
Legal history			
<p>Does the student have a police record? Is the student under any Youth Justice or Police Protection Order? Is the student under the Department of Child Safety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If yes, please give details</p>			
Court orders			
<p>Are there any current Family Court or other court orders concerning the welfare, safety or parenting arrangements of your child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If yes, please provide a copy of any relevant current court order</p>			
Signature			
<p><i>It is important that the questions above are answered truthfully. Failure to disclose relevant information may result in enrolment being cancelled.</i></p> <p>To the best of my knowledge the answers provided are true and correct.</p>			
<p>Name</p>			
<p>Signed by parent and/or guardian</p>		<p>Date</p>	

Medical details			
This information will be used by the Girl Academy and teaching staff where relevant. All information is confidential. Please notify the Academy of any changes as soon as possible.			
Health cover <i>(fill out where applicable)</i>			
Medicare number		Position on card	Expiry date
Health Care Card number		Expiry date	
Private Insurance fund		Membership number	
Immunisations <i>(please provide a copy of the student's immunisation records)</i>			
Which immunisations has the student received? <i>(please tick and indicate year)</i>			
All childhood vaccinations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Chicken pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Measles/Mumps/Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Gardisol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	
Medication			
Will the student require any medication to be self-ministered or administered by the Girl Academy staff while at school or on a school activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give details			
Medical conditions			
Does the student have any of the following medical conditions? <i>(please tick)</i>			
ADD or ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies mild/severe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asperger's syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma mild/severe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism spectrum disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical details (continued)

Medical conditions (continued)

If you answered 'yes' to any of the above medical conditions, please provide details of the condition and treatment if required. Additional information can be attached where necessary.

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Has the student had any infectious diseases? Yes No

If yes, please give details	
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Medical practitioner

Please provide details of your General Practitioner

Doctor's name		Phone number	
Dentist's name		Phone number	
Other practitioner's name		Phone number	

Signature

It is important that the questions above are answered truthfully. Failure to disclose relevant information may result in enrolment being cancelled.

To the best of my knowledge the answers provided are true and correct.

Name			
Signed by parent and/or guardian		Date	

Permission

I give the staff of the Girl Academy authority to:

- Use my name and photo for the centre displays Yes No
- Allow persons listed as emergency contacts to sign off medication records and accident/incident reports if required Yes No

Name			
Signed by student		Date	
Name			
Signed by parent and/or guardian		Date	

Please attach photocopies any school report cards, diagnostic test reports or health reports related to this application to this form. Do not send original copies.