

Years 1 – 6 ENROLMENT PACKAGE.



Please sign and return the following documents when enrolling

WELCOME TO WOODHILL

Woodhill is a small semi-rural school located between Jimboomba and Beaudesert and currently has an enrolment of around 235 students across Prep to Year 6. The teaching of literacy and numeracy is our core business and is linked to all learning areas. Classroom and specialist teachers work together to cover all learning areas. We offer a range of distinctive curriculum activities including guided reading, instrumental music, Dance Fever and gymnastics program.

Our school chaplain is a valuable member of our community and delivers resilience programs as well as offering counselling to all community members. We also offer a school leaders' program for our school captains, house captains and senior students. This gives students the opportunity to run parade and build their skills in public speaking and playground leadership. Our mentors program runs all year between the Years 6 and Prep and Year 1 students and has had excellent results. We are able to access many other outside agencies as needs arise.

We are renowned in the area for our annual Billy Cart Derby which involves our school and wider community. Our parents and carers are an important sector of our community and contribute daily to the education of our students.

Our School Vision:

To consistently strive to meet and exceed all of our students' needs in all areas of learning whilst taking into consideration, and catering for, their social, emotional and mental well-being.

To provide students with an innovative, successful and safe platform which promotes the value of learning, self-worth, quality performance, mutual respect, responsibility and positive relationships. This will enhance a smooth transition for students to become productive and responsible participants in high school and eventually, society.

To continually build the capacity and accountability of all staff around our Pedagogical Framework based on the Dimensions of Teaching and Learning.

To provide a creative and rewarding work environment for our employees which promotes self-worth and quality performance.

To provide a safe, welcoming and inclusive environment for the school community in which everybody's input is valued.

Values

At Woodhill State School we:

Respect the right of others to teach and to learn by consistently implementing Focus Forty, following our consequence grid and Tier 2 PBL.

Respect the right of others to have and to express opinions in a respectful manner by following our "Class Act" Focus Forty and You can Do it programs.

Care for ourselves and others by enacting our Well being Framework and Focus Forty. Always strive to do our best by enacting our Well being Framework, Focus Forty, P.B.L. rules and reward system.

Are honest and sincere by holding everyone accountable for their professionalism and having high expectations of all staff and students.

Show tolerance of others and their viewpoints via through our Class Act program and Focus Forty.

Are mindful of others' emotions, wellbeing and varying needs by following our Well being Framework.



Application for student enrolment form

INSTRUCTIONS

Please refer to the Application to enrol in a Queensland State School information sheet at the end of this form when completing this application.

Failure or refusal to complete those sections of the form marked with an (*) or to provide required documentation may result in a refusal to process your application. Sections of the form not marked (*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding reliant on such information. Parents of all students in Australia have been asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students, regardless of their background. The required information includes the Indigenous status and language background of the student, and the education, occupation and language background of the parents.

If you have any questions about the enrolment form or process, or require assistance completing this form, including translation services, please contact the school in the first instance.

PRIVACY STATEMENT

The Department of Education and Training (DET) is collecting the information on this form for the purposes outlined in the Education (General Provisions) Act 2006 (EGPA 2006), and in particular for:

- assessing whether your application for enrolment should be approved
- ii. meeting reporting obligations required by law or under Federal State Government funding arrangements
- iii. administering and planning for providing appropriate education, training and support services to students
- iv. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
- v. communicating with students and parents.

This collection is authorised by ss. 155 and 428 of the EGPA 2006, DET will disclose personal information from this form to the Queensland Curriculum and Assessment Authority when opening student accounts, in compliance with Part 3 of the Education (Queensland Curriculum and Assessment Authority) Act 2014 (Qld). Personal Information from this form will also be supplied to Centrelink in compliance with ss.194 and 195 of the Social Security (Administration) Act 1999 (Cth), De-identified information concerning parents' school and non-school education, occupation group and main language other than English and students' country of birth, main language other than English, sex and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government funding agreements.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the school in the first instance, If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact the school in the first instance.

ENTITLEMENT TO ENROLMENT

Under the EGPA 2006, an applicant for enrolment at a state school must be enrolled if they are entitled to enrolment. While not exhaustive, the following matters may affect an applicant's entitlement to enrolment at a state school:

- failure to adequately complete this enrolment form
- if the school has an Enrolment Management Plan or an Enrolment Eligibility Plan (enrolment is subject to eligibility under the plan)
- the applicant is a prospective mature age student (the applicant can only apply for enrolment at a mature age state school and will be subject to a satisfactory criminal history check, or as a student in a program of distance education. All prospective mature age students must have a remaining allocation of state education.)
- the applicant is not of correct age for enrolment (relates to Preparatory Year and Years 1 to 6)
- the applicant has been excluded or cancelled from enrolment or is subject to suspension from a state school at the time of the application
- the school is a state special school and the applicant does not meet the criteria for enrolment in a special school
- the school principal reasonably believes that the applicant presents an unacceptable risk to the safety or wellbeing of members of the school community (application is referred to Director-General)
- the proposed enrolment requires approval as part of a flexible arrangement under s.183 of the EGPA 2006, and the arrangement has not yet been approved
- the prospective student is not an Australian resident or citizen or the child of an Australian permanent resident or citizen (visa restrictions may apply, fees may
 be charged, in some cases legislation requires that the applicant must obtain approval from the Chief Executive via Education Queensland International (EQI) to
 enrol).

Office use only			E I I I I I I I I I I I I I I I I I I I			
Date enrolled	<i>I</i>	Year level	Roll Class	EQ ID		
Independent student	Yes No		Birth certificate/passp and DOB confirmed	ort sighted, number rec	corded Yes No	
If yes, is the prospe	student over 18 years of age at ective student exempt from the pective mature age student cor	mature age student proce	I I Vac I Na	Yes No		
School house/ team			EAL/D support		Yes No	
FTE	Associa	ated unit	Visa and associated d	ocuments sighted	Yes No	
EQI category			SV – student visa TV – temporary visa DS – dependent – pare	ent on student visa	EX – exchange student DE – distance education	

Queensland Government

PROSPECTIVE STUI	DENT DE	MOGRAPH	HIC DE	TAILS							
Legal family name* (as per birth certificate)											
Legal given names* (as per birth certificate)											
Preferred family name				Preferred	given name	es .					
Sex*	Male	Female		Date of bi	rth*			ı İ			
Copy of birth certificate available to show school staff*	Yes	☐ No	alternative to birth certificate w prospective student born in co This does not include failure to			ite will be n country ire to regi	d without enrolling staff sighting the prospective student's birth certificate. An il be considered where it is not possible to obtain a birth certificate (e.g. nirty without birth registration system. Passport or visa documents will suffice). register a birth or refluctance to order a birth certificate.				
For prospective mature age students, proof of identity supplied and copied*	Yes	☐ No		curreadult	mature age st int driver's lice proof of age o int passport.	ence; or	nust provide	photographic id	entification	ı which proves the	ir identity:
APPLICATION DETA	II S		CENTO A	S			1111	50 Y Y 0	71.5	1	US STORY
Has the prospective student ever attended a Queensland state school?	Yes	□ No	If yes, p	rovide nar	ne of schoo	ol and a	pproxima	te date of en	rolment.	in well then a	
What year level is the prospective student seeking to enrol in?			Please	provide the	appropria	te year	level.				
Proposed start date		1	Please	provide the	proposed	starting	g date for	the prospec	tive stud	ent at this sch	ool.
					Name:						
Does the prospective			If yes, p	rovide	Year Leve	el					
student have a sibling attending this school or any other Queensland state	Yes No yea	year lev	name of sibling, year level, date of birth, and		irth						
school?			school		School			*1			
PROSPECTIVE STUD	ENT AD	DRESS DE	TAILS'		11/18		, 16°14	THE PARTY	17.8	1000	
Principal place of residence a	ddress										
Address line 1											
Address line 2											
Suburb/town					St	ate				Postcode	
Mailing address (if it is the sa	me as princi	pal place of res	sidence, w	rite 'AS AE	BOVE')						
Address line 1											
Address line 2											T
Suburb/town					St	ate				Postcode	
Email											
FAMILY DETAILS	1 7/4			Male:	i hatis	10	AUR	1.0			40° D. M
Parents/carers		Par	ent/carer	1					Parent/c	arer 2	
Family name*											
Given names*											
Title	Мг	Mrs	Ms	Miss	☐ Dr		Mr	Mrs	_ p	vis Mis	B Dr
Sex	Male	Female					Male	Femal	e		
Relationship to prospective student*											
Is the parent/carer an emergency contact?	Yes	☐ No				[Yes	☐ No			

FAMILY DETAILS (co	ontinued)				
Parents/carers	Parent/carer 1	Parent/carer 2			
1 st Phone contact number*	Wark/home/mobile	Work/home/mobile			
2 nd Phone contact number*	Work/home/mobile	Work/home/mobile			
3 rd Phone contact number*	Work/home/mobile	Work/home/mobile			
Email					
Employer name					
Occupation					
What is the occupation group of the parent/carer?	(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 1 is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 1 has not been in paid work in the last 12 months, enter '8')	(Please select the parental occupation group from the list provided at the end of this form. If parent/carer 2 is not currently in pald work but has had a job in the last 12 months or has retired in the last 12 months, please use the last occupation. If parent/carer 2 has not been in paid work in the last 12 months, enter (8')			
Country of birth					
Country of residence					
Does parent/carer 1 or parent/carer 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	No, English only Yes, other – please specify Needs interpreter? Yes No	No, English only Yes, other – please specify Needs Interpreter? Yes No			
Is the parent/carer an Australian citizen?	Yes No	Yes No			
Is the parent/carer a permanent resident of Australia?	Yes No	Yes No			
Address line 1					
Address line 2					
Suburb/town					
State	Postcode	Postcode			
Mailing address (if it is the sa	me as principal place of residence, write 'AS ABOVE')				
Address line 1					
Address line 2					
Suburb/town					
State	Postcode	Postcode			
Parent/carer school education	What is the highest year of primary or secondary school parent/carer 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')	What is the highest year of primary or secondary school parent/carer 2 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below')			
Year 9 or equivalent or below					
Year 10 or equivalent					
Year 11 or equivalent					
Year 12 or equivalent					
Parent/carer non-school education	What is the level of the <i>highest</i> qualification parent/carer 1 has completed?	What is the level of the highest qualification parent/carer 2 has completed?			
Certificate I to IV (including trade certificate)	127				
Advanced Diploma/Diploma					
Bachelor degree or above					
No non-school qualification					

PROSPECTIVE STUD	DENT ORIGIN DETAILS					
Origin	Queensland/interstate/overseas					
Origin type	Childcare centre or kindergarten/Prep/primary/secondary/VET/other					
Previous school/other location						
Previously employed	Yes No	Full-time Part	time			
INDIGENOUS STATU		Alena erasu da eras				
Is the prospective student of Aboriginal or Torres		orres Strait Islander	poriginal and Torres Strait Islander			
Strait Islander origin?			<u> </u>			
RELIGION – RELIGIO	OUS INSTRUCTION*	THE RESERVED TO				
Form Versal the presentation	student may nationate in religious	Do you want the prospective student to	participate in religious instruction?			
instruction if it is available. If you tick 'No' or if the nomin	student may participate in religious ated religion is not represented within the	Yes No				
receive other instruction in a arranged for religious instruc		If 'Yes', please nominate the religion:				
Parents/carers may change the the principal in writing.	ese arrangements at any time by notifying					
COUNTRY OF BIRTH			PER LES SAMES A			
COUNTRY OF BIRTH		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
In which country was the	Australia Other (please specify country)					
prospective student born?						
Is the prospective student	Date of arrival in Australia//					
an Australian citizen?	Yes No (if no, evidence of the pro	ospective student's immigration status to be	completed)			
PROSPECTIVE STUD	ENT LANGUAGE DETAILS					
Does the prospective	No, English only					
student speak a language other than English at home?	Yes, other – please specify					
EVIDENCE OF PROS	PECTIVE STUDENT'S IMMIGRAT	ION STATUS (to be completed	if this person is NOT an			
Australian citizen)*	TECTIVE STOBERT S IMMINISTRAT	()				
Permanent resident	Complete passport and visa details section b	elow				
Student visa holder	Date of arrival in Australia/	Date enrolment appro	ved to:/			
	EQI receipt number:					
Temporary visa holder	Complete passport and visa details section b	elow				
Other, please specify	Temporary visa holders must obtain an 'Approval to enrol in a state school' from EQI					
	Temporary visa noticers index obtain an App					
Passport and visa details (to	be completed for a prospective student who is	NOT an Australian citizen).				
NOTE: A permanent resident	will have a passport with a permanent residen ring in Australia as refugee or humanitarian ent	cy visa inside worded 'Holder(s) permitte rants, either PLO 56 Immigration issued	ed to remain in Australia indefinitely'. card or 'Document to travel to			
Australia' with 'stay indefinite	recorded must be sighted by the school.	,				
Passport number		Passport expiry date				
Visa number	Visa expiry date (if applicable)					
Visa sub class						

contacts or cannot be contacted).					
	Emergency contact	Emergen	cy contact		
Name					
Relationship (e.g. aunt)					
1 st phone contact number*	Work/home/mobile	Work/home/mobile			
2 nd phone contact number*	Work/home/mobile	Work/home/mobile	Work/home/mobile		
3 rd phone contact number*	Work/home/mobile	Work/home/mobile			
PROSPECTIVE STUD	DENT MEDICAL INFORMATION (including alle	eraies)*	F WATER STATE OF THE		
Privacy Statement The Department of Education hours as well as during school prospective student's eligibili use and disclose the medical It is essential that the school of The school administration states the prospective students.	and Training (DET) is collecting this medical information in all excursions, school camps, sports and other school activities for enrolment. The information will only be used by author information in accordance with the confidentiality provisions is advised before the prospective student's first day of attendiff must also be informed of any new medical conditions or a not need to take medication during school hours, an Individual atton Form will need to be completed each year and retained	order to address the medical es. DET will not use this infor- ised employees of the depart s at Section 426 of the Educal dance if the prospective studi change to medical conditions I Health Plan, including Emerg	mation to make a decision about a ment and DET will only record, ion (General Provisions) Act 2006. ent has any medical conditions, as soon as they are known.		
No known medical conditions					
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of Medical Condition categories provided)					
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of Medical Condition categories provided)					
Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of Medical Condition categories provided)					
Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics or orthotics)? This is for the purpose of informing planning for school activities such as sport and school excursions.					
Name of prospective student's medical practitioner (optional)		Contact number of medical practitioner			
cases where an immediate but	tact the prospective student's medical practitioner for the put t non-life threatening response is required (for instance, wher orting event)? (answer only if medical practitioner details have be	the prospective student	Yes No		
Medicare card number (optional)		Position Number			
Cardholder name (if not in name of prospective student)					
Private health insurance company name (if covered) (optional)		Private health insurance membership number (leave blank if company name is not provided)			

COURT ORDERS*						
Out-of-Home Care Arrange	ements*					
Under the Child Protection Act 1999, v Out-of-home care includes short or low house; and in residential care.	vhen a Child Protection Order is approved ng term placement with an approved kinsl	by the C nip or fos	hildren's Court, the child is pl ter carer; in a supported inder	aced in out-of-home care (OOHC). pendent living arrangement; in a safe		
Is the prospective student identified a	s residing in out-of-home care?		Yes No			
If yes, what are the dates of the court of and/or the Authority to Care.	order? Please provide a copy of the court	order	Commencement date			
			End date			
Contact details of the Child Safety Off	icer (if known)		Name			
			Phone number			
Family Court Orders*						
Are there any current orders made pur the welfare, safety or parenting arrang	suant to the Family Law Act 1975 concerrements of the prospective student?	ning	Yes No			
If yes, what are the dates of the court of	order? Please provide a copy of the court	order.	Commencement date			
			End date			
Other Court Orders*						
Are there any other current court orde concerning the welfare, safety or pare	rs, such as a domestic violence order, nting arrangements of the prospective stu	dent?	Yes No			
If yes, what are the dates of the court order? Please provide a copy of the court order.			Commencement date			
			End date			
TRAVEL RETAIL OF						
TRAVEL DETAILS Walk						
APPLICATION TO ENROL*		V.				
I hereby apply to enrol my child or mysel	***************************************		,,,			
	rect information on this form may lead to the rrect in every particular, to the best of my knot		of a decision to approve enrolm	ent. I believe that the information I		
	Parent/carer 1		Parent/carer 2	Prospective student		
Signature						
Date		-		1 1		

Parental occupation groups for use with parent/carer details

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager [section head or above], regional director, health/education/police/fire services administrator

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces commissioned officer

Professionals generally have degrees 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

Health, education, law, social welfare, engineering, science, computing professional

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller].

Group 2: Other business managers, arts/media/sportspeople and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof-reader, sportsperson, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals

Health, education, law, social welfare, engineering, science, computing technician/associate professional

Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces senior Non-Commissioned Officer.

Group 3: Tradespeople, clerks and skilled office, sales and service staff

Tradespeople generally have completed a four year trade certificate, usually by apprenticeship. All tradespeople are included in this group

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]

Skilled office, sales and service staff:

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refuge/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

Office assistants, sales assistants and other assistants:

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

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]

Assistant/aide [trades' assistant, school/teacher aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces ranks below senior NCO not included above

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]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].

Group 8: Have not been in paid work in the last 12 months

State Schools Standardised Medical Condition Category List

Diabetes - type two Ear/hearing disorders - Otitis Media (middle ear infection) Ear/hearing disorders - Hearing loss Ear/hearing disorders - Other Epilepsy - Seizure Eye/vision disorders Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid Heart/cardiac conditions - Heart valve disorders Heart/cardiac conditions - Heart genetic malformations	Acquired brain injury
Anaphylaxis Airwaylung/breathing - Oxygen required (continuously/periodically) Airwaylung/breathing - Suctioning Airwaylung/breathing - Tracheostomy Airwaylung/breathing - Other Artificial feeding - Gastrostomy device (tube or button) Artificial feeding - Sastrostomy device (tube or button) Artificial feeding - Jeljunostomy tube Ashtma - Student self-administers medication Altention-deficit / Hyperactivity disorder (ADHD) Autism Spectrum Disorder (ASD) Bladder and bowel - Urinary wetting, incontinence Bladder and bowel - Jeneral ywetting, incontinence Bladder and bowel - Paceal soiling, constipation, incontinence Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Other Bladder and bowel - Other Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Other Bladder shape site of the stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Other Bladder shape site of the stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Other Bladder shape site of the stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder shape site of the stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder shape site of the stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder shape site of the stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Other Bladder and bowel - Catheria site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Catheria site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Catheria site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Catheria site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Catheria site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Catheria site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Catheria site, urostomy	Allergies/Sensitivities
Airway/lung/broathing - Oxygen required (continuously/periodically) Airway/lung/broathing - Suctioning Airway/lung/broathing - Tracheostomy Airway/lung/broathing - Other Artificial feeding - Gastrostomy device (tube or button) Artificial feeding - Sastrostomy device (tube or button) Artificial feeding - Nasogastric tube Artificial feeding - Jejunostomy tube Artificial feeding - Other Asthma Asthma - Student self-administers medication Bladder and bowel - University self-administers Bladder and bowel - Stevent s	
Airway/lung/breathing - Suctioning Airway/lung/breathing - Tracheostomy Airway/lung/breathing - Tracheostomy Artificial feeding - Gastrostomy device (tube or button) Artificial feeding - Sasspastric tube Artificial feeding - Jejunostomy tube Artificial feeding - Jejunostomy tube Artificial feeding - Jejunostomy tube Artificial feeding - Suction of the Asthma Asthma - Student self-administers medication Attention-deficit // Hyperactivity disorder (ADHD) Autism Spectrum Disorder (ASD) Bladder and bowel - Urinary wetting, incontinence Bladder and bowel - Virinary wetting, incontinence Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair Blood disorders - Haemophilia Blood disorders - Thalassaemia Blood disorders - Thalassaemia Blood disorders - Other Cancer/oncology Coeliac disease Cystic Fibrosis Diabetes - type one Diabetes - type two Ear/hearing disorders - Othis Media (middle ear infection) Ear/hearing disorders - Other Ear/hearing disorders - Other Ear/hearing disorders - Other Epilepsy - Seizure Eye/vision disorders Endocrine disorder - Adrenal hypoplasia, pitultary, thyroid Heart/cardiac conditions - Heart yabe disorders Heart/cardiac conditions - Heart yabe disorders Heart/cardiac conditions - Heart genetic malformations Heart/cardiac conditions - Heart genetic malformations Heart/cardiac conditions - Heart yabe disorders Mental Health - Depression Mental Health - Popositional defiant disorder Mental Health - Popositional defiant disorder Mental Health - Other Muscle/bone/musculoskeletal disorders - Spassicity (Baclofen Pump) Muscle/bone/musculoskeletal disorders - Other Skin Disorders - Epociasis Swallowing/dysphagia - requiring modified foods	
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Mental Health - Anxiety Mental Health - Oppositional defiant disorder Mental Health - Other Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump) Muscle/bone/musculoskeletal disorders - Other Skin Disorders - eczema Skin Disorders - psoriasis Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	Mental Health - Depression
Mental Health - Oppositional defiant disorder Mental Health - Other Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump) Muscle/bone/musculoskeletal disorders - Other Skin Disorders - eczema Skin Disorders - psoriasis Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	Mental Health - Anxiety
Mental Health - Other Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump) Muscle/bone/musculoskeletal disorders - Other Skin Disorders - eczema Skin Disorders - psoriasis Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	
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Muscle/bone/musculoskeletal disorders - Other Skin Disorders - eczema Skin Disorders - psoriasis Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	
Skin Disorders - eczema Skin Disorders - psoriasis Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	
Skin Disorders - psoriasis Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	
Swallowing/dysphagia - requiring modified foods Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	
Swallowing/dysphagia - requiring artificial feeding Transfer & positioning difficulties Travel/motion sickness	
Transfer & positioning difficulties Travel/motion sickness	
Travel/motion sickness	
Outer	
	Outer

Application to enrol in a Queensland State School

This sheet contains information on how to complete the Application for Student Enrolment Form (SEF-1 Version 7).

Entitlement to enrolment

Under the Education (General Provisions) Act 2006 (Qld) a state school must enrol an applicant if they are entitled to enrolment. While not exhaustive, a list of matters which may affect an applicant's entitlement to enrolment are included on the front cover of the enrolment form.

Questions which must be answered*

The Application for Student Enrolment Form contains a number of questions marked with an (*) which must be answered. These include – Prospective student demographic details, Prospective student address details, Family details, Religion – Religious Instruction, Country of birth, Emergency contact details, Prospective student medical information, Court orders and the Application to enrol. These questions and consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form not marked (*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding.

Parent's occupation and education

All parents across Australia, no matter which school their child attends, are being asked to provide information about family background (answering this question is optional). The main purpose of collecting this information is to promote an education system which is fair for all Australian students regardless of their background.

Sighting of birth certificate

Schools are required to sight a prospective student's birth certificate. An alternative to a birth certificate will be considered where it is not possible to obtain a birth certificate (e.g. person born in a country without a birth registration system – passport or visa documents will suffice). Prospective mature age students that provide appropriate photographic proof of identity do not need to present a birth certificate.

Court Orders

Any court orders concerning the prospective student's welfare, safety or parenting arrangements should be provided to the school, and the school should also be provided with any new or updated orders.

Name on enrolment form

A prospective student should be enrolled under their legal name as per their birth certificate. There is provision to also record a preferred family and/or given name. The preferred name will be used on internal school documents such as class rolls. The legal name will appear on semester reports unless there is a specific request to use the preferred name only. This request can come from parents/carers or the student (if the student is independent/mature age).

Evidence of Prospective Student's Immigration Status

This section is required to be completed when a prospective student is not an Australian citizen and information is required to be recorded about their passport and visa.

Medical information and emergency contacts

A prospective student's medical condition, symptoms, management and medication/s must be documented. Medical conditions may include (but are not limited to) seizures/epilepsy, fainting, diabetes, asthma, heart problems, anaphylaxis and allergies (such as food or insect stings). Parents must indicate if they are an emergency contact. Three additional emergency contacts are also required.

Religion - Religious Instruction

Applicants are asked if they would like the prospective student to participate in religious instruction. From Year 1, the prospective student may participate in religious instruction if it is available.

If you tick 'No' or if the nominated religion is not represented within the school's religious instruction program, the prospective student will receive other instruction in a separate location during the period arranged for religious instruction.

Parents/carers may change these arrangements at any time by notifying the principal in writing.

Office use

This section is to be completed by the school and will assist in documenting specific details in relation to enrolment, including confirmation of the sighting of documentary evidence such as a prospective student's birth certificate, passport or visa and prospective student's mature age status.



WOODHILL STATE SCHOOL "Together We Care, Grow & Learn"

6027 Mt Lindesay Hwy WOODHILL 4285

Phone: (07) 55 48 9222 Fax: (07) 55 48 9200

Enrolment Agreement

This enrolment agreement sets out the responsibilities of the student, parents or carers and the school staff about the education of students enrolled at Woodhill State School.

Expectations and Responsibility of each student to:

- Attend school regularly wearing the school uniform
- Follow the school rules: Be safe: Be a Learner; Be Respectful: Be Responsible
- Strive for excellence
- Respect others' right to ideals, learn and property
- Care for self and others and the school environment
- Engage in all school activities to the best of their ability
- Take responsibility for own learning and behaviour
- Co-operate with all school personnel and others in authority
- Accept the consequences of their own decisions and actions
- Set a good example for others to follow
- Show tolerance to all others

Responsibility of parents/carers to support students at school by:

- · Providing pastoral care including appropriate food and clothing for school
- · Ensuring regular attendance
- · Labelling books, clothes and other materials
- · Notifying the school of absences and other problems that may affect children's learning
- Providing equipment for them to use at school
- Speaking to teachers/staff when there are concerns
- Encouraging them at home with homework and other tasks
- Offering time, skills and knowledge to the school/P&C and assisting in decision-making
- · Respecting the rights of others
- Supporting the school in ensuring the student's compliance with the Responsible Behaviour Plan
- Demonstrating a positive attitude in all situations
- Showing an active interest in their children's schooling and progress
- Treating school staff with respect and tolerance
- · Attending interviews and other school events
- Support the authority and discipline of the school to encourage students to achieve maturity, self discipline and self control.

Responsibility of school to:

- Make learning inclusive, engaging and relevant to extend each child, maximising their potential
- Know, understand and implement the rules
- Encourage and support children, parents, carers and staff
- Inform and consult with parents regularly about how their children are progressing and any major issues being faced
- · Respect others' rights, treating parents, carers and students with respect and tolerance
- Lead by positive example and foster school pride
- Ensure all interactions occur in a caring professional manner
- Provide duty of care that is consistent across the school
- Be involved in the care and purchasing of school property
- Demonstrate life long learning
- · Actively engage in the improvement of policies and procedures
- Ensure that all school personnel conduct themselves in a lawful, ethical, safe and responsible manner as outlined in the Code of Conduct.
- Teach effectively and set the highest standards in work and behaviour.

These Rights and Responsibilities are embedded in the Code of Behaviour and together with the Dress Code and other policies clearly indicate what we are about at Woodhill State School.

New Enrolments to the school will be given a Parent Information Pack containing:

- Enrolment Form (Birth Certificate must be sighted for all Prep students)
- Enrolment Agreement
- School Charges and Voluntary contributions
- Student Responsibilities and Usage of Internet
- Student Media and Photo Policy
- Parent Information Handbook outlining:

Student Dress Code

Homework Policy

Camps and excursions

Mobile phones and electronic equipment

Volunteers at school

Student absences procedures

Parents/carers are asked to sign and return the following documents when enrolling.

- Student Enrolment Form
- Internet and Network Access agreement
- Student Media consent form
- Enrolment Agreement
- Local Excursion Agreement
- General permission form

I accept the rules and regulations of Woodhill State School as stated in the school policies.

I acknowledge that information about the school's current program and services have been explained to me.

On behalf of the school	Date	
Parent/carer signature	Date	40
Student signature	Date	
	20	



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Principal: Shelly Lucas

General Permission Form

I / We		give permission for my child	
to be assess include Support Teachers – Learning Difficulties, Occupational Therapists, Physiotherapists, School my include cognitive and / or counselling.	Guidance Officer		ments, Teacher Aides,
I / We give permission for the school to share with with educational planning and support for my child		mation from other schools, professionals o	r agencies to assist
Signed:	_ Date:		
(Parent / Caregiver)			
Parent Input			
My child has / has not been seen by: (Please indic	cate where applic	able)	
Support Teacher – Learning Difficulties		Developmental Assessment Team	
Teacher Advisor – Educational Adjustments		Motor Clinic	
Guidance Officer / Counsellor		Occupational Therapist	
Speech and Language Pathologist		Behavioural Advisory Teacher	
Psychologist		Physiotherapist	
Optometrist		Any other not listed	
Doctor – including G.P, Paediatrician and other m specialists	edical		
Please take the opportunity to write down any con	ncerns you have a	about your child	
		W_	



Woodhill State School

Introduction to the State School Consent Form (attached) for Woodhill State School

This letter is to inform you about how we will use your child's personal information and student materials. It outlines:

- what information we record
- how we will use student materials created during your child's enrolment.

Examples of personal information which may be used and disclosed (subject to consent) include part of a person's name, image/photograph, voice/video recording or year level.

Your child's student materials:

- are created by your child whether as an individual or part of a team
- may identify each person who contributed to the creation
- may represent Indigenous knowledge or culture.

Purpose of the consent

It is the school's usual practice to take photographs or record images of students and occasionally to publish limited personal information and student materials for the purpose of celebrating student achievement and promoting the school and more broadly celebrating Queensland education.

To achieve this, the school may use newsletters, its website, traditional media, social media or other new media as listed in the 'Media Sources' section below.

The State School Consent Form may, at your discretion, provide consent for personal information and a licence for the student materials to be published online or in other public forums. It also allows your child's personal information and student materials to be presented in part or alongside other students' achievements.

The school needs to receive consent in writing before it uses or discloses your child's personal information or student materials in a public forum. The attached form is a record of the consent provided.

It should be noted that in some instances the school may be required by the *Education (General Provisions) Act 2006* (Qld) or by law to record, use or disclose the student's personal information or materials without consent (e.g. assessment of student materials does not require further consent).

Voluntary

There will not be any negative repercussions for not completing the State School Consent Form or for giving limited consent. All students will continue to receive their education regardless of whether consent is given or not.

Consent may be limited or withdrawn at any time by you.

If you wish to limit or withdraw consent please notify the school in writing (by email or letter). The school will confirm the receipt of your request via email if you provide an email address.

If in doubt, the school may treat a notice to limit consent as a comprehensive withdrawal of consent until the limit is clarified to the school's satisfaction.

Due to the nature of the internet and social media (which distributes and copies information), it may not be possible for all copies of information (including images of student materials) once published by consent, to be deleted or restricted from use.

The school may take down content that is under its direct control, however, published information and materials cannot be deleted and the school is under no obligation to communicate changes to consent with other entities/ third parties.

Media sources used

Following is a list of online and social media websites and traditional media sources where the school may publish your child's personal information or student materials subject to your consent.

School website: www.woodhillss.eq.edu.au

Facebook: N/A
YouTube: N/A
Instagram: N/A
Twitter: N/A
Other: N/A

- Local newspaper
- School newsletter
- Traditional and online media, printed materials, digital platforms' promotional materials, presentations and displays.

The State School Consent Form does not extend to P&C run social media accounts or activities, or external organisations.

Duration

The consent applies for the period of enrolment or another period as stated in the State School Consent Form, or until you decide to limit or withdraw your consent.

During the school year there may be circumstances where the school or Department of Education may seek additional consent.

Who to contact

To return a consent, express a limited consent or withdraw consent please contact Woodhill State School.

should be contacted if you have any questions regarding consent.



State School Consent Form

•	Parent/carer to complete Mature/independent students may complete on their own behalf (if under 18 a witness is required).
(a)	Full name of individual:
(b)	Date of birth:
(c)	Name of school:
(d)	Name to be used in association with the person's personal information and materials* (please select):
(-,	☐ Full Name ☐ First Name ☐ No Name ☐ Other Name
	*Please note, if no selection is made, only the Individual's first name will be used by the school. However, the school may choose not to use a student's name at its discretion.
PE	ERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM
a)	Personal information that may identify the person in section 1:
	▶ Name (as indicated in section 1) ▶ Image/photograph ▶ School name
	▶ Recording (voices and/or video) ▶ Year level
b)	Materials created by the person in section 1:
	▶ Sound recording ▶ Artistic work ▶ Written work ▶ Video or image
	▶ Software ▶ Music score ▶ Dramatic work
AF	PPROVED PURPOSE
If c	onsent is given in section 6 of the form:
	The personal information and materials (as detailed in section 2) may be recorded, used and/or disclosed (published) by the school, the Department of Education (DoE) and the Queensland Government for the following purposes:
	 Any activities engaged in during the ordinary course of the provision of education (including assessment), or other purposes associated with the operation and management of the school or DoE including to public celebrate success, advertising, public relations, marketing, promotional materials, presentations, competitions and displays.
	 Promoting the success of the person in section 1, including their academic, sporting or cultural achievements.
	 Any other activities identified in section 4(b) below.
	The personal information and materials (as detailed in section 2) may be disclosed (published) for the above purposes in the following:
	- the school's newsletter and/or website;
	 social media accounts, other internet sites, traditional media and other sources identified in the 'Media Sources' section of the explanatory letter (attached);
	- year books/annuals;
	- promotional/advertising materials; and
	 presentations and displays.
TII	MEFRAME FOR CONSENT
Sc	hool representative to complete.
(a) (b)	Timeframe of consent: duration of enrolment. Further identified activities not listed in the form and letter for the above timeframe:
LII	MITATION OF CONSENT
The	e Individual and/or parent wishes to limit consent in the following way:

CONSENTER — I am (tick the applicable box):	
parent/carer of the identified person in section 1	
the identified person in section 1 (if a mature/independent student or employee including volunteers)	
recognised representative for the Indigenous knowledge or culture expressed by the materials	
I have read the explanatory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to the school recording, using and/or disclosing (publishing) the personal information and materials identified in section 2 for the purposes detailed in section 3. By signing below, I also agree that this State School Consent form is binding. For the benefit of having the materials	
(detailed in section 2) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify the school of any third party intellectual property incorporated into the licensed materials. I accept that attribution of the identified person in section 1 as an author or performer of the licensed materials may not occur. I accept that the materials licensed may be blended with other materials and the licensed materials may not be reproduced in their entirety.	to
Print name of student	
Print name of consenter	
Signature or mark of consenter	
Date	
Signature or mark of student (if applicable)	
Date	
SPECIAL CIRCUMSTANCES	
If the form is required to be read out (whether in English or in an alternative language or dialect) to a parent/carer of	or
Individual student; or when the consenter is an independent student and under 18 the section below must be completed.	
	e
completed. Note: The complete of the explanatory letter and State	
 WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the 	
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 ▶ WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications. Print name of witness Signature of witness Date ▶ Statement by the person taking consent – when it is read I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of reability made sure that the person understands that the following will be done: 1. the identified materials will be used in accordance with the State School Consent Form 	my
► WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications. Print name of witness Signature of witness Date I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of reability made sure that the person understands that the following will be done: 1. the identified materials will be used in accordance with the State School Consent Form 2. reference to the identified person will be in the manner consented 3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal consent. I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.	my of
► WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications. Print name of witness Signature of witness Date ▶ Statement by the person taking consent – when it is read I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of reability made sure that the person understands that the following will be done: 1. the identified materials will be used in accordance with the State School Consent Form 2. reference to the identified person will be in the manner consented 3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal consent. I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consenter has been given freely and voluntarily. A copy of the explanatory letter has been provided to the consenter.	my of
► WITNESS – for consent from an independent student or where the explanatory letter and State School Consent Form were read I have witnessed the signature of an independent student, or the accurate reading of the explanatory letter and the State School Consent Form was completed in accordance with the instruction of the potential consenter. The individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and I understand the person understood the implications. Print name of witness Signature of witness Date I have accurately read out the explanatory letter and State School Consent Form to the potential consenter, and to the best of reability made sure that the person understands that the following will be done: 1. the identified materials will be used in accordance with the State School Consent Form 2. reference to the identified person will be in the manner consented 3. in accordance with procedures DoE will cease using the identified materials from the date DoE receives a written withdrawal consent. I confirm that the person was given an opportunity to ask questions about the explanatory letter and State School Consent Form and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.	my of

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of the student's personal information. The information will be used and disclosed by authorised school employees for the purposes outlined on the form. Student personal information collected on this form may also be used or disclosed to third parties where authorised or required by law. This information will be stored securely. If you wish to access or correct any of the personal student information on this form or discuss how it has been dealt with, please contact your student's school in the first instance.



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6027 Mt Lindesay Hwy Woodhill QLD 4285 Phone: 07 5548 9222

Fax: 07 5548 9200

www.woodhillss.eq.edu.au

Principal: Shelly Lucas

School Local Excursion Permission Form

The School Local Excursion Permission form is designed to cover the many school based activities and sporting events, both at the school and held between here, Jimboomba and Beaudesert. Details of all events will be sent home prior to activities happening, which in most cases have a cost factor and payment signifies final parent approval.

This will include:

All Arts Performances, Mathematics, Science and other cultural activities, which may come to the school from time to time. All sporting events (athletics and swimming carnivals, Rugby, Cricket and Basketball clinics, etc) at the school as well as the Kingfisher Challenge and other similar events. Excursions to Beaudesert or Jimboomba, which are linked to class activities.

This approval will not be used for camps or excursions beyond Jimboomba or Beaudesert

Agreement by parent or guardian

Family Name			
Children's Names	1)	; Year level	
	2)	; Year level	-
	3)	; Year level	_
I am aware that transp I authorise teacher or illness or injury.	for my child/ren, named above to port will be by seat belted bus unl representative to obtain medical responsible for the costs of such	less otherwise stated. or hospital treatment fo	or my child in the event of an
Parent/guardian signa	ture	Dated	



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Internet/Intranet Agreement

In accordance with Education Queensland Policy, students are required to complete an Internet Access Agreement as shown below if they wish to use the Internet at school. Permission needs to be renewed yearly.

Student

I understand that the Internet can connect me to a very useful information store from around the world. While I have access to the internet/intranet:

- I will use it only for educational purposes
- I will not look for, nor send, anything that is illegal, dangerous or offensive
- If I accidentally come across something that is illegal, dangerous or offensive, I will:
 - a) Clear any offensive pictures or information from my screen, and
 - b) Immediately and quietly inform my teacher
- I will not reveal home addresses, phone numbers or Email addresses, mine or anyone else's
- I will not use the Internet/Intranet to annoy or offend anyone else
- I will not arrange to meet with anyone who I have made contact through the Internet without my parent or guardian's permission
- I will not share any password with anyone

I understand that if the school decides I have broken these rules, appropriate action will be taken. This may include a loss of my School Internet & computer access privileges.

Student Signature:	<u>Date:</u>
	Student Signature:

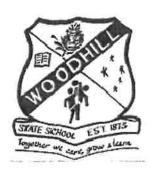
Parent or Guardian

I understand that the Internet/Intranet can provide students with valuable learning experiences. I also understand that it gives access to information on computers around the world, that the school cannot control what is on the Internet/Intranet, and that this information could be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care and information is filtered through the Education Queensland Managed Internet Service, protection against exposure or harmful information should depend finally upon responsible use by students.

I believe	understands this responsibility, and l
hereby give my	permission for him/her to access the Internet/Intranet under school rules. I
understand that	the students breaking these rules will be subject to appropriate action by the school.
This may include	e loss of School Internet/Intranet and Computer Access privileges.

Parent/Guardian Name: Parent/Guardian Signature: Date:



Student Enrolment - Information to support your child's wellbeing and learning.

(Completion is not compulsory but the information will help us to best support your child's individual need/s, please complete as you see fit.)

Date: / / Student Name: Surname: Given Names: Sex: Date of Birth: / / Parent/carers name: Telephone Contact:
Sex: Date of Birth: / /
Email:
1. FAMILY INFORMATION
How many siblings?Ages and names of siblings:
Ages and names of storings.
Family Context:
(eg. Blended, Extended family, FIFO (Fly in Fly Out) parent)
2. DEVELOPMENTAL DATA
2. DEVELOPMENTAL DATA Early Years
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, feeding, sleeping etc.)
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, feeding, sleeping etc.)
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, feeding, sleeping etc.)
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, talking, feeding, sleeping etc.) Significant Illnesses/ Injuries during Early Childhood:
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, talking, feeding, sleeping etc.) Significant Illnesses/ Injuries during Early Childhood: Speech/Language (Listening and understanding information = Receptive or Talking and sharing information = Expressive)
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, talking, feeding, sleeping etc.) Significant Illnesses/ Injuries during Early Childhood: Speech/Language (Listening and understanding information = Receptive or Talking and sharing information =
2. DEVELOPMENTAL DATA Early Years Milestones: (walking, talking, feeding, sleeping etc.) Significant Illnesses/ Injuries during Early Childhood: Speech/Language (Listening and understanding information = Receptive or Talking and sharing information =

Motor Ski	ills: (gross, tin	e, eye/hand, lat	terality)					
-								
3. MEDI	CAL Please c	circle and provi	de details as appr	opriate.				
Hearing Test:	Yes	No						
Vision Test:	Yes	No						
Medication	a: Yes	No						
	¥							
Verified Disability:								
	D,							
☐ Spe	ech Language							
☐ Inte	ellectual							
☐ Phy	rsical							
☐ Hea	ring							
□ Visi	ion							
. THERA	APISTS/DOC	CTORS WHO	O HAVE WOR	RKED WIT	HT HI	US STUDENT		
PROFES	SION	NAN	Œ.	DATE		CONTACT DETAILS		
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ПР	aediatrician		Opton	netrist		☐ Audiologist		
	ecupational	Therapist		Psychiatri	ist	Psychologist		
	ommunity E		□ Speech			Child Youth and Mental		
Clinic			Pathologist/T	herapist_		Health (CYMHS)		
	ounselling				ty ager	ncy support -		

Other community agency support -

5. EDUCATIONAL

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9. SOCIAL/EMOTIONAL DEVELOPMENT – How would you describe your child's Peer Relationships:	
Behaviour:	
Individual Strengths and Interests:	
Additional Information:	

liscuss.)	on your crind :	s me? if Yes, p	lease explain or n	nake an appointmen	nt with the Guidance Off