

Pre Kindy Program Application



St Mary MacKillop College

PAGE 1 of 2

Proposed Date of Entry (eg when your child turns 3): _____

Child Details

Surname: _____ Date of Birth: ____ / ____ / ____

Given Names: _____ Place of Birth: _____

Address: _____ Male Female

State: _____ Postcode: _____ Language spoken at home: _____

Home Phone Number: _____ Mobile: _____

Religious Denomination: _____

Baptism Date: ____ / ____ / ____ Baptism location: _____

Please supply a copy of your child's birth certificate, immunisation history and baptism certificate (if applicable) with this application form

Family Details

PARENT/GUARDIAN 1

Title: _____ Surname: _____

Given Names: _____

Residential Address: _____

Postal Address (if different from above): _____

Suburb/Town: _____

State: _____ Postcode: _____

Contact Numbers - Home: _____

Work: _____ Mobile: _____

Email: _____

PARENT/GUARDIAN 2

Title: _____ Surname: _____

Given Names: _____

Residential Address: _____

Postal Address (if different from above): _____

Suburb/Town: _____

State: _____ Postcode: _____

Contact Numbers - Home: _____

Work: _____ Mobile: _____

Email: _____

CUSTODY/GUARDIANSHIP

Student lives with: Both parents Mother Father Other (please specify): _____

Name of person with Legal Guardianship of the student: _____

If applicable, a copy of any Parenting or Restraining Order is attached

Are any other conditions enforced at law? _____

| OFFICE USE ONLY | DATA ENTERED | STATUS | FAMILY CODE | NEW/CURRENT | Birth Cert. | Baptism Cert. | Immunisation |
|-----------------|--------------|--------|-------------|-------------|-------------|---------------|--------------|
| | | | | | | | |

Pre Kindy Program Application



St Mary MacKillop College

PAGE 2 of 2

Emergency Contacts (two local contacts other than parent or guardian)

Name: _____

Name: _____

Relation to Student: _____

Relation to Student: _____

Address: _____

Address: _____

Town/Locality: _____

Town/Locality: _____

Contact Numbers - Home: _____

Contact Numbers - Home: _____

Work: _____

Work: _____

Mobile: _____

Mobile: _____

Individual Needs

The School Education Act 1999 requires the provision of "details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school" (16G). To assist the school to respond to individual requirements please detail any individual needs your child has that may affect his/her learning, participation or welfare during school hours.

Details: _____

Medical Information

Does your child suffer from Asthma? Yes No

Does your child suffer from any known Allergies? Yes No

If your child has an Action Plan, this plan and your child's photo must be supplied to the Primary Campus office when your child commences. Please see the office staff to complete appropriate paperwork if your child will require any medication to be stored at school.

MEDICAL EMERGENCY AUTHORISATION

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommend treatment by an accredited medical practitioner on my behalf.

Signature of Parent/Guardian: _____ Date: ___/___/_____

PARENT/GUARDIAN 1

Signature of Parent/Guardian: _____ Date: ___/___/_____

PARENT/GUARDIAN 2

Agreement

I/We understand and accept that acceptance into the MacKillop Pre Kindy Program does not guarantee my child a place in Kindergarten at St Mary MacKillop College.

Signature of Parent/Guardian: _____ Date: ___/___/_____

PARENT/GUARDIAN 1

Signature of Parent/Guardian: _____ Date: ___/___/_____

PARENT/GUARDIAN 2