

ENROLMENT CONFIRMATION FORM FOR NEW STUDENTS



Please complete all relevant information on this form and return to the Admissions Office by Monday 16 October 2017. Access to the Parent Portal will be available by Monday 18 December 2017. Details will be sent to you regarding your access to the Portal in December. You will be **required** to access the Portal to complete all additional relevant student details by the end of January 2018.

SURNAME	GIVEN NAME	OTHER GIVEN	PREFERRED
DATE OF BIRTH	ENTRY DATE	YEAR LEVEL	SIBLINGS (FUTURE, CURRENT OR PAST)
PARENT 1 / GUARDIAN		PARENT 2 / GUARDIAN	
Title	Surname	Title	Surname
Preferred name		Preferred name	
Given name		Given name	
Business phone		Business phone	
Mobile		Mobile	
E-mail		E-mail	
If there is another contact who is to receive mail for the student, please attach details			
EMERGENCY CONTACTS (other than parent / guardian)			
Name(1)		Name(2)	
Relationship to student		Relationship to student	
Mobile		Mobile	
Alternative telephone number		Alternative telephone number	
Notification in the event of an emergency YES / NO		Notification in the event of an emergency YES / NO	
Authorised to collect YES / NO		Authorised to collect YES / NO	
Authorised to consent to medical treatment YES / NO		Authorised to consent to medical treatment YES / NO	
Authorisation for the administration of medication YES / NO		Authorisation for the administration of medication YES / NO	
FAMILY HEATHCARE			
PRIVATE INSURANCE YES / NO	FUND NAME	FUND NUMBER	EXTRA COVER YES / NO
AMBULANCE MEMBER YES / NO	AMBULANCE COVER THROUGH HEALTH INSURANCE: YES / NO	MEMBER NUMBER	EXPIRES
HEALTH CARE CARD YES / NO	HEALTH CARE CARD NO	EXPIRES	
MEDICARE NUMBER	LINE	EXPIRES	
IMMUNISATION (Please note that all students in the ELC and Junior School are required to provide their most recent Immunisation Status Certificate. This can be obtained from Medicare).			
IMMUNISATION FORM	DATE	MEDICARE IMMUNISATION FORM SUBMITTED ON	CONSCIENTIOUS OBJECTION YES / NO Please provide documentation
FAMILY DOCTOR – In the case of an emergency, a medical practitioner, hospital or ambulance will be called			
Name of practice		Name of doctor	
Address		Telephone number	
MEDICAL INFORMATION			
Medical Alert If Yes, please indicate (e.g. Anaphylaxis, Asthma, Diabetes, Epilepsy, Sight/Hearing, Dietary Restrictions, Allergies, Psychological medical conditions)			
YES / NO TO MEDICAL ALERT			

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ANAPHYLAXIS (YES / NO) If YES, then please tick only one of the following	
<input type="checkbox"/> Life threatening	<input type="checkbox"/> Severe
<input type="checkbox"/> Mild	<input type="checkbox"/> Information
Condition details	
<input type="checkbox"/> Plan attached YES / NO	Date of last Action Plan
ASTHMA (YES / NO) If YES, then please tick only one of the following	
<input type="checkbox"/> Life threatening	<input type="checkbox"/> Severe
<input type="checkbox"/> Mild	<input type="checkbox"/> Information
Condition details	
<input type="checkbox"/> Plan attached YES / NO	Date of last Action Plan
DIABETES (YES / NO) If YES, then please tick only one and indicate if Diabetes 1 or Diabetes 2	
<input type="checkbox"/> Life threatening	<input type="checkbox"/> Severe
<input type="checkbox"/> Mild	<input type="checkbox"/> Information
Condition details	
<input type="checkbox"/> Plan attached YES / NO	Date of last Action Plan
ALLERGIES (complete if applicable) Severity (Please tick only one)	
<input type="checkbox"/> Life threatening	<input type="checkbox"/> Severe
<input type="checkbox"/> Mild	<input type="checkbox"/> Information
Condition details:	
EPILEPSY (YES / NO) If YES, then please tick only one of the following	
<input type="checkbox"/> Life threatening	<input type="checkbox"/> Severe
<input type="checkbox"/> Mild	<input type="checkbox"/> Information
Condition details	
HEARING / SIGHT ISSUES YES / NO (if YES, please provide details)	
ANY SERIOUS INJURIES / ILLNESSES IN THE LAST 12 MONTHS YES / NO (If YES, please provide details)	
CURRENT MEDICATIONS REQUIRED DURING SCHOOL HOURS? YES / NO (If YES, please provide details)	
OTHER MEDICAL CONDITIONS (complete if applicable) Condition details	
CONSENTS (must be completed) If parent / guardian or emergency contact cannot be contacted, the School Nurse or First Aid Officer may administer the following:	
Yes / No Medical attention from School Nurse	Yes / No Paracetamol can be administered
Yes / No Antihistamine can be administered	
PERMISSIONS (must be completed)	
Please indicate if you give permission for your child to be photographed or appear in videos that may be published within the School grounds or via the Schools newsletter, website, social media platforms, blogs or in other publications and promotional materials.	
YES / NO	
In case of paid advertising using images or video, additional consent will be sought. All images used are at the discretion of the School.	
AUTHORISATION FOR EMERGENCY TREATMENT YES / NO	

Privacy Policy

Kilvington Grammar is committed to managing all personal information in a professional manner. All the information collected on this form will be used and stored in accordance with the Kilvington Grammar Privacy Policy. A copy of the policy can be obtained from the School website (www.kilvington.vic.edu.au).

We / I declare that the information provided in this document is accurate at the time of completion. We have read and understand the Kilvington Grammar Privacy Policy and agree to abide by this policy. We / I will update any changes to our child's information by advising Kilvington Grammar and updating relevant information via the Parent Portal. We / I will consent to the School to seek medical treatment for the above mentioned child from a medical practitioner, hospital or ambulance service in the event of a medical emergency. We / I consent to the transportation of the student in an ambulance if required due to a medical emergency.

Signature of Parent / Guardian 1 Date/...../.....

Signature of Parent / Guardian 2 Date/...../.....