



Occasional Care Application for Admission

Child details

Proposed year of Occasional Care entry: _____ Age of child on commencement: _____

First name: _____ Family name: _____

Preferred name: _____ Middle names: _____

Gender (Please circle): _____ Male / Female Date of birth: _____ / _____ / _____

Residential Address: _____

Post code: _____

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

Country of birth: _____ Cultural background: _____

Does your child speak a language other than English at home?

- No, English only
- Yes, language most spoken at home: _____

Student lives with: Both parents

Other – please specify: _____

Custodial information

Are there any custody arrangements, orders, parenting orders or parenting plans in relation to your child? YES NO

If Yes, please provide details:

Medical information

Is your child fully immunised according to their age and the National Immunisation Programme?

YES

NO

Does your child have any medical conditions (such as asthma, allergies etc.)?

YES

NO

If Yes, please provide further details and/or attach relevant documentation.:

Does your child have any additional needs that may require support within the School?

YES

NO

If Yes,
 Physical
 Social/Emotional
 Academic

If Yes, please provide further details and/or attach relevant documentation.:

Authorised adults to collect your child

Please record the names and contact details of the adults who have your consent to collect your child from Occasional Care.

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

PLEASE NOTE: If an adult is not on this list, they will not be allowed to collect your child from Occasional Care. You may update this list throughout the year if necessary.

Parent/guardian signature: _____

Date: _____

Family details – Parent 1 / Guardian 1

Title: Mrs Ms Miss Mr Dr Family name: _____
Given name/s: _____ Preferred name: _____
Relationship to child: _____ Date of birth: _____ / _____ / _____

Residential address: _____
Post code: _____

Contact information: Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____

Employer: _____

Family details – Parent 2 / Guardian 2

Title: Mrs Ms Miss Mr Dr Family name: _____
Given name/s: _____ Preferred name: _____
Relationship to child: _____ Date of birth: _____ / _____ / _____

Residential address: _____
Post code: _____

Contact information: Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____

Employer: _____

A photocopy of my child's birth certificate is enclosed (required). YES NO

Both parents' signatures are required, unless one parent is the sole custodian.

Signature
Parent 1 /
Guardian 1 _____ Date: _____ / _____ / _____

Signature
Parent 2 /
Guardian 2 _____ Date: _____ / _____ / _____