KEARNAN COLLEGE

25 Moore St, Manjimup PO Box 358, Manjimup 6258
Phone: 9777 0677

PK-12 STUDENT INFORMATION FORM

Please submit this form and associated documents at, or prior to, the enrolment interview.

STUDENT DETAILS	
Surname:	Given Names:
Preferred Name:	Date of Birth:

ENROLMENT GROUP	
Calendar Year of Admission:	School Year Level:

FAMILY CIRCUMSTANCES				
Marital Status: ☐ Married	☐ Separated	☐ Divorced	☐ De facto	☐ Widowed
Student Lives With: ☐ Both Parents	☐ Parent/Guardian 1 _____%	☐ Parent/Guardian 2 _____%	☐ Other _____	
Name of person with Legal Guardianship of the Student:				
If applicable, a copy of Parenting or Restraining Order is attached: ☐ Yes				
Any other conditions enforced by law?				
Is the student listed on a Health Care Card or Pension Card ☐ Yes ☐ No				
If Yes, Card Number:	Expiry Date:			

MEDICAL CARE INFORMATION		
Family Doctor:	Medical Practice Name & Phone Number:	
Dentist:	Dental Clinic Name & Phone Number:	
Medicare Number:	Ref:	Expiry:
Private Health Fund:	Membership Number:	

STUDENT 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 of protection of the enrollee or other persons in the school (16G). To assist the College to respond to individual requirements, please provide documentation, including any diagnosis, at the interview. This information will assist with planning for the student's learning and wellbeing during school hours.

Please provide all relevant information about your child's needs and/or diagnoses in the following categories. Please attach an additional page, if further space is required. Circle 'Not Applicable' if the category is not relevant to your child.

Medical/Health Care:	Not applicable
Medication:	Not applicable
Physical:	Not applicable
Developmental Delays:	Not applicable
Psychological/Cognitive:	Not applicable
Sensory (eg. vision/hearing):	Not applicable
Communication:	Not applicable
Behavioural/Safety:	Not applicable
Allergies:	Not applicable
Other:	Not applicable

EMERGENCY CONTACT 1 (Please supply a contact, preferably local, other than a parent/guardian)	
Name:	Mobile Number:
Relation to Student:	Home Number:
EMERGENCY CONTACT 2 (Please supply a second contact other than a parent/guardian)	
Name:	Mobile Number:
Relation to Student:	Home Number:

FURTHER INFORMATION

Is there any other information you wish to provide about your child?

DOCUMENTS TO BE PROVIDED WITH THIS FORM

☐ Birth Certificate	☐ Last two school reports (if applicable)
☐ Passport/Visa/Citizenship Certificate (if born outside Australia)	☐ Most recent NAPLAN results (if applicable)
☐ Parents Citizenship or Visa documents (if both parents born outside Australia)	☐ Parenting, Restraint or Custodial Order (if applicable)
☐ Documentation regarding medical (or other) diagnoses that may impact the student at school	☐ Completed Student Reflection Form* (Years 4-12 only)
☐ Parish Priest reference* (if applicable and if Catholic)	

* These documents are available on our College website

CEWA STANDARD COLLECTION NOTICE

The most up-to-date version of this document can be found at https://www.cewa.edu.au/publication/cewa-privacy-collection-notice/

Parent/Guardian 1	Name:	Signature:	Date:
Parent/Guardian 2	Name:	Signature:	Date: