

**STUDENT DETAILS**

**NAME:** \_\_\_\_\_  
(Family Name) (Given Names)

**PREFERRED NAME:** \_\_\_\_\_

**MALE:**  **FEMALE:**  **DATE OF BIRTH:** \_\_\_\_\_

**ACADEMIC YEAR OF ENTRY:** \_\_\_\_\_

**TERM:** \_\_\_\_\_ **CALENDAR YEAR OF ENTRY:** \_\_\_\_\_

**\* IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?**  
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

- No .....
- Yes, Aboriginal .....
- Yes, Torres Strait Islander .....

**IN WHICH COUNTRY WAS THE STUDENT BORN?**

Australia .....   
Other – please specify.....

**CURRENT NATIONALITY:** \_\_\_\_\_ **LANGUAGE SPOKEN AT HOME:** \_\_\_\_\_

**PREVIOUS SCHOOL DETAILS**

**PRESENT SCHOOL YEAR:** \_\_\_\_\_

**PRESENT / PREVIOUS SCHOOL:** \_\_\_\_\_

I consent to Thornlie Christian College contacting the previous school as part of the enrolment process. **Yes / No**

**SCHOOL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HAS YOUR CHILD SKIPPED OR REPEATED A GRADE?** **Yes / No**

Reason: \_\_\_\_\_  
\_\_\_\_\_

**HAS YOUR CHILD EVER BEEN EXPELLED OR SUSPENDED FROM A SCHOOL?** **Yes / No**

Reason: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL DETAILS**

**KNOWN MEDICAL CONDITIONS**

Allergies		Asthma	
Heart Condition		Migraine	
Diabetes		Other (Specify)	
Epilepsy			

- To provide appropriate care for your child the College requests that a 'Medical Care Plan' be provided for medical conditions / allergies. Preferably this plan should be prepared in consultation with your doctor.
- The College will only administer prescribed medication by prior arrangement. To arrange for the administration of medication please provide written authorization.

**IMMUNISED** (Please circle):

**YES / NO**

**SPECIAL NEEDS**

**DOES YOUR CHILD HAVE ANY EDUCATIONAL / LEARNING DIFFICULTIES:**

**YES / NO**

(To enable Thornlie Christian College to appropriately address all students learning, parents must provide documentation of a child's disability/special needs, at the time of enrolment. Please supply the college with medical/psychological/ or other specialist assessments and reports relevant to your child's disability. The enrolment cannot continue through the normal processes until all documentation is provided.)

Does your child have difficulty in any of the following subject areas?

Mathematics: \_\_\_\_\_

Reading: \_\_\_\_\_

Spelling: \_\_\_\_\_

Behavioural Issues: \_\_\_\_\_

To determine the teaching and learning adjustments that may be necessary to support my child \_\_\_\_\_ in his/her education, I give permission for the release of information between Thornlie Christian College and the following agencies.

- \_\_\_\_\_
- \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_