

Pre Kindy Program Application



St Mary MacKillop College

PAGE 1 of 2

Session Preference

I am applying for: Tuesday 9:00am - 2:45pm Friday 9:00am - 2:45pm ENTRY DATE (eg. 2017): _____

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: _____

PARENT/GUARDIAN 2

Title: _____ Surname: _____
Given Names: _____
Residential Address: _____

Postal Address (if different from above): _____

Suburb/Town: _____
State: _____ Postcode: _____
Contact Numbers - Home: _____
Work: _____ Mobile: _____

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

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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