



ENROLMENT INFORMATION

CHILD'S NAME: _____

GENDER: _____ D.O.B: _____

ETHNICITY: _____

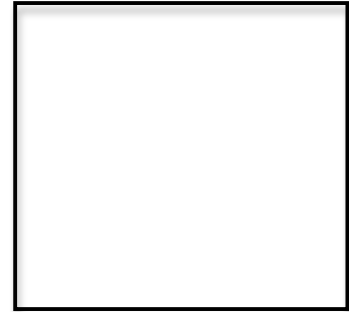
FIRST/HOME LANGUAGE: _____

SECOND LANGUAGE (if applicable): _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

CHILD'S HOME PHONE: _____ CHILD'S MOBILE: _____



FAMILY INFORMATION

Biological Parents

Adoptive Parents

Guardian

FATHER'S NAME: _____

OCCUPATION: _____

EDUCATION: _____

WORK HOURS: _____

PHONE HM: _____

PHONE WK: _____

MOBILE: _____

- Living with child
- Living with mother of child
- Living with partner (not child's mother)
- Living alone

MOTHER'S NAME: _____

OCCUPATION: _____

EDUCATION: _____

WORK HOURS: _____

PHONE HM: _____

PHONE WK: _____

MOBILE: _____

- Living with child
- Living with mother of child
- Living with partner (not child's mother)
- Living alone

EDUCATION: _____
WORK HOURS: _____
ONE HM: _____
ONE WK: _____
MOBILE: _____

- Living with mother of child
- Living with partner (not child's mother)
- Living alone

EMERGENCY CONTACT No: _____ **NAME:** _____
RELATIONSHIP TO CHILD: _____

FAMILY COMPOSITION / HOME ENVIRONMENT

SIBLINGS IN ORDER OF BIRTH:

Name: _____ Age: _____ Living with child **YES/NO**
Name: _____ Age: _____ Living with child **YES/NO**
Name: _____ Age: _____ Living with child **YES/NO**
Name: _____ Age: _____ Living with child **YES/NO**

OTHER PEOPLE (Living in the child's home environment):

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Has your child ever lived out of your home? **YES/NO**

IF YES, please comment:

Any other relevant information about living circumstances:

MEDICAL HISTORY:

Please check if family members or relatives have ever had any of the following (i.e. Mother, Father, Partner, Sibling, Relative):

CONDITION	COMMENT
EPILEPSY	
EMOTIONAL PROBLEMS	
ALLERGIES	
ALCOHOL PROBLEMS	
DRUG PROBLEMS	
ABUSE (Sexual/Physical)	
DIABETES	
SUICIDAL	
CHRONIC ILLNESS	
LEARNING PROBLEMS	
ANY OTHER	

CURRENT MEDICAL DIFFICULTIES: (e.g. vision, hearing, allergies (incl. anaphylaxis) etc.):

CHILDHOOD ILLNESSES AND TESTS: (e.g. measles, mumps, chicken pox, neurological illnesses and tests):

PAST AND PRESENT STRESS / MAJOR SOURCES OF ANXIETY: (emotional or social stress e.g. parent divorces, relative's death etc):

MEDICATION

CURRENT MEDICATION: Is your child currently taking any medication? **YES / NO**

Medication (Name)	Amount/ Frequency	Reason / Purpose for	Prescribed by	Diagnosed by	Side effects?

I give permission for the school to administer Panadol to my child if required.
If not, does your child require an alternative pain management medication? _____

MEDICATION HISTORY:

Please indicate past medications your child has been prescribed and taken to help with any diagnosed medical conditions (anxiety, epilepsy, ADHD etc.) that differ from his/her current medication. Also indicate why your child was taken off this medication:

CHILD'S MEDICARE NUMBER: _____

PSYCHOMETRIC ASSESSMENTS:

(including any qualified diagnoses, psychological screening, Intelligence testing etc.)

Does your child have a recent psychometric assessment and/or diagnosis from a paediatrician, clinical psychologist or psychiatrist within the last 2 years? **YES / NO**

Please indicate what documentation you can provide the school i.e. regarding the diagnoses and/or any medical, psychological, neurological condition/s etc. that your child has:

CHILDREN BEHAVIOURAL CHECKLISTS:

(Please fill in the attached forms and return to the office)

I understand that this information will be used on a confidential basis by the school to develop individualised programmes for my child.



Parent/Guardian Signature: _____

Date: _____

CHILDREN BEHAVIOURAL CHECKLIST

PARENT NAME: _____ DATE: _____

INSTRUCTIONS:

Listed below are items concerning children's behaviour or the problems they sometimes have. Read each item carefully and decide how much you think this child has been bothered by this problem at this time.

Parent/Guardian Observation	Not at all	Just a little	Pretty much	Very much
Restless or overactive				
Excitable, impulsive				
Disturbs other children				
Fails to finish things he/she starts. Short attention span				
Difficulty sitting still, constantly fidgeting				
Inattentive, easily distracted				
Demands must be met immediately – easily frustrated				
Cries often and easily				

Mood changes quickly and drastically				
Temper outbursts, explosive & unpredictable behaviour				
Has difficulty organising work (not due to cognitive impairment)				
Needs a lot of supervision				
Frequent calling out (in class), interrupting adults				
Frequently interrupts other children's activities				
Difficulty waiting for turn in games or group situations				
Fights, hits, punches, etc.				
Is disliked by other children				
Bossy, always telling other children what to do				
Teases or calls other children names				
Refuses to participate in group activities				
Loses temper often and easily				

Parent/Guardian Observation	Not at all	Just a little	Pretty much	Very much
Excessive running or climbing				
Motor restlessness during sleep				
Always "on the go" or acts as if 'driven by a motor'				
Often doesn't seem to listen				
Often acts before thinking				
Seeks attention, shows off				
Excessive shifting from one activity to another				

Disappears without telling parents			
Self-conscious, easily embarrassed			
Feels Inferior			
Steals from home			
Steals from people outside the home			
Shy, bashful			
Has your child experienced any of the following...	YES	NO	Approx. when or frequency
Soiling or lack of bowel control			
Any urinary infections			
Bed wetting			
Sleeping problems			
Poor appetite			
Abdominal weight loss or gain			
Frequent colds or respiratory conditions			
Any known heart conditions			
Unusual muscular weakness			
Rocking, head banging			
Thumb sucking			
Sudden behaviour or personality changes			
Inappropriate sexual behaviour			
Makes up stories excessively			
Talks to imaginary companions			
Sees or hears things that do not exist			
Runs away			
Has set fires			

Please indicate which of the following behaviours are problems according to the following scale. If an item does **not** constitute a problem, or if you have **never observed** the behaviour, put '0'.

If the behaviour represents only a **mild problem**, put '1'.

If the behaviour is a **severe problem**, please circle '2'.

Behaviour Description	0	1	2
Picks on other children as a way of getting their attention. Seems to want to relate but doesn't know how			
Expresses beliefs that are clearly untrue (delusions)			
Says nobody loves him/her			
Freely admits disrespect for moral values and laws			
Braggs and boasts			
Slow and not accurate in doing things			
Rejects school activities such as team sports, clubs, projects to help others			
Cheats			
Seeks company of older, more experienced companions			
Difficulty in making choices (can't make up mind)			
Absentminded. Forgets simple things easily			
Acts like he/she were much younger (immature, childish)			
Has trouble following directions			
Will lie to protect his/her friends			
Afraid to try new things for fear of failure			
Selfish, won't share. Always takes the biggest piece.			
Uses alcohol in company with others			
School work is messy and/or letters/words poorly formed			
Is a loner because of aggressive behaviour			

Refuses to take directions. Won't do as told			
Denies own mistakes, blames others			
Admires and seeks to associate with 'rougher' peers			
Deliberately cruel to others.			
Deliberately cruel to animals			
Feels he/she can't succeed			
Tells imaginary things as though true (unable to tell real from imagined).			
Runs away. Is a truant from home or from school.			
Openly admires people who operate outside the law.			
Repeats what is said to him/her. 'Parrots' other's speech.			

Declaration:

If unclear about any of the details requested above, the school advises the parent(s)/carer(s)/ guardian(s) to seek independent professional advice.

As parent/s of, carer/s of (or guardian/s for) the child..... we solemnly declare that the above details are true and accurate.

We further declare that we are aware that this sensitive information is extremely confidential, and will only be used by The Joseph Varga School for educational purposes in relation to our child's enrolment at, attendance at and continuing global development at the school.

We attach certain documents to verify our child's date of birth, citizenship, and if appropriate, relevant court orders, custodial agreements, or apprehended violence orders, that implicate the care of the child. (Originals to be photocopied by the Bursar)

We acknowledge that our child is/is not deemed to be an overseas student, and attach documentation to verify this claim. (Please include passport and visa details, if appropriate.)

We also attach other consent forms associated with the administration of medication (including Panadol), local excursions and visiting local shops during school time.

We are aware that in order to qualify for **The Joseph Varga School Scholarship Programme** and **The State Government Taxi Service**, that we need to complete other application forms.

Dated this _____ day of _____ 20__

Signed:

Signature(s) of parents/carers/guardians

Principal (or authorised person)

Signature of witness

Name and address of witness