



P-12 Playtime Enrolment Form – 2025

STUDENT DETAILS

Surname: _____

First Name: _____ Preferred first name: _____

Date of birth: _____ Male Female Other

Kindergarten attending: _____ Teacher: _____

PARENT/GUARDIAN 1

Mr Mrs Ms Miss

Surname: _____ First name: _____

Address: _____ Post Code: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email: _____

PARENT/GUARDIAN 2

Mr Mrs Ms Miss

Surname: _____ First name: _____

Address: _____ Post Code: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email: _____

EMERGENCY CONTACTS - OTHER THAN PARENT/GUARDIAN

PERSON 1

Name: _____

Relationship to child: _____

Home phone: _____

Mobile: _____

PERSON 2

Name: _____

Relationship to child: _____

Home phone: _____

Mobile: _____

NATIONALITY

Nationality: _____ Ethnicity: _____

In which country was the student born? Australia Other (please specify) _____

Is the student of Aboriginal or Torres Strait Islander origin: Aboriginal Torres Strait Islander Both
(please circle)

Does the student or their parent(s)/guardian(s) speak any languages other than English at home:

Student: No Yes (please specify):

Parent/Guardian 1: No Yes (please specify):

Parent/Guardian 2: No Yes (please specify):

MEDICAL INFORMATION

Doctor's name: _____

Clinic Address: _____ Postcode: _____

Phone: _____

Medicare number: _____ Ambulance cover: Yes No

Medical conditions:

Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.

Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hayfever, rye grass, animal fur.

Has the student been diagnosed as being at risk of anaphylaxis: Yes No

If yes, does the student have an EpiPen or Anapen: Yes No

COURT OR PARENTING ORDERS

Are there any current court orders or parenting orders relating to the student? Yes No

If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.

PHOTOGRAPH PERMISSION

Digital Imaging is used frequently at the school to record, support and promote student learning. We are required to seek parental permission to use images of students in any of our publications. The following agreement will be kept on file for the duration of the student's Playtime enrolment. The details of which will apply unless the school is otherwise informed by parents or guardians.

I agree to allow my child's photo to be used in all school related publications including the college web page and social media sites. I am aware that personal details identifying the student will not be released.

Student Name: _____

I give permission for my child's photograph to be used in any school publication

I **do not** give permission for my child's photograph to be used in any school publication.

Where permission is not given the onus will upon the student to not be included in any school photos.

If in a time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the principal (or other representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle).

Thank you for taking the time to complete this P-12 Playtime Enrolment form. We understand that the information you have provided is confidential and will be treated as such.

PARENT/GUARDIAN

Name: _____

Date: _____

Signature: _____

Please provide a copy of Birth Certificate and Immunisation history statement.