



STUDENT- FAMILY NAME:

FIRST NAME: M/F.....

DATE OF BIRTH NATIONALITY:

PASSPORT/DNI/NIE NUMBER.....

NAME OF PARENT(S) OR GUARDIAN(S):

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PARENT PASSPORT/DNI/NIE NUMBER.....

ADDRESS:

.....

HOME TELEPHONE NO.:

MOBILE (MOTHER): (FATHER):

OTHER CONTACT NO(S)

EMAIL ADDRESS:

If the student lives with only one parent or a guardian, please give details and provide any relevant custody documentation.

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PROPOSED ENROLMENT DATE: FORM GROUP:

SIBLINGS (in the school)

SIBLINGS (in other schools)

WHERE DID YOU HEAR ABOUT THE SCHOOL

PREVIOUS SCHOOL ATTENDED:

ADDRESS:

TELEPHONE NUMBER:

MEDICAL INFORMATION:

SOCIAL SECURITY NUMBER.....

PRIVATE HEALTH CARE PROVIDER.....

NEAREST PRIVATE HEALTH CARE CLINIC AND TELEPHONE NUMBER

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PRIVATE HEALTH CARE MEMBERSHIP NUMBER.....

Conditions, Allergies, Diet, educational needs etc. *(please give details):*

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Details of any medicine taken/needed to be administered during the school day:

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I confirm that the information provided on this form is a true and accurate statement.

Signature: Date:

I agree to allow my child to be taken off campus for physical education, recreation and minor excursions. (Parents will be notified regarding excursions). Children will always be accompanied by teachers and/or staff)

Signature: Date:

Remedies: The Teacher may administer the following if required
(please delete any you do not wish to be given)

For headaches, aches & pains, fever For indigestion, tummy upset For sore throat For dry, chapped skin For stings/bites etc For sunburn For cuts and grazes	Paracetamol/Calpol 6 Plus/ Rennies/Milk of Magnesia/ Strepsils/ Aqueous cream/ Waspeze/sting relief cream/ Calamine lotion/ Antiseptic cream and/or wipes
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Please indicate an allergy to plasters YES/NO
(if YES, a suitable alternative will be used)

I give permission for my son/daughter/ward: -

- 1) To receive any medication from the teacher, as instructed above.
- 2) If hospital treatment is required and I cannot be contacted, I authorise the teacher to give permission to the hospital authorities to proceed with such treatment as is necessary, in the best interest of my child.

Signature: Date:

At times, photos will be taken of the children, and these may be used for publicity purposes (e.g. on school website). I agree to allow my child to be photographed for these purposes.

Signature: Date:

I confirm that I have provided the following additional documentation as required:

- Copies of passports, child and parents
- Copy of social security card
- Copy of private health card
- Copies of previous school reports
- Proof of address

Signature: Date: