Condition  No Ves Details of Medication / Treatment Mote: Please attach appropriate documentation PrePost Notal Concerns Birth Concerns Birth Concerns Black Spring Concerns Black Black Spring Concerns Black Black Spring Concerns Black Spring Concerns Black Black Black Spring Concerns Black Black Black Spring Concerns Black Black Black Black Black Black Black Black Black B	MEDICAL HISTORY  Does the student have any potenti	al life th	reatenin		Student's Namens? No  Yes  (If yes				
PrePost Natial Concerns	O		No	Voc	Dataile of Madigation / Treatme	tmont Note: Place attach appropriate decumentation			
Berin Concerns			INO	res	Details of Medication / Treatme	ent <i>Note: Please attach</i>	арргорнате доситентатон		
Near   Concerns									
Head Injury									
Convulsion/Epilepsy									
Autism   Diabotes   Type 1   Type 2									
Autism									
Diabetes   Type 1   Type 2     Note: Type 1 - Parents to supply food e.g. fruit juice, sweet ADD / ADHD   Ashma Plan signed by Doctor)   Antiety or Panic attacks   Speech Language Impairment   Structure   Speech Language Impairment   Structure   Speech Language Impairment   Structure   St									
ADD / ADHD  Asthma (attach Asthma Plan signed by Doctor)  Annelsy or Panic altacks  Speech Ranguage Impairment  Other (Please Specify)  Vaccination Records up to date? Note: You MUST attach a capy.  SPECIAL ASSESSMENTS  Note: Please attach appropriate documentation.  Condition  No  Ves  Name of Centre  Date of First Visit  Is student still attending?  Audiology Clinic  Child Guidance/School Counsellor  Cocupational Therapist  Psychiatrist  Specialist Clinic  Speech Pathologist  In case of emergency, send student to: St Vincent's Emergency Toowoomba Base Hospital  Does the Student Use an EPIPEN?  Please specify:  Does the Student have any ongoing illnesses/conditions, e.g. allergies?  Penicallin Analgesics Aspirin Other  Does the Student have any physical impairment that may affect their circumstances at College?  Penicallin Analgesics Aspirin Other  Does the Student have any physical impairment that may affect their circumstances at College?  Does the Student have any physical impairment that may affect their involvement in physical education or sport?  Ves No Please specify:  Does the Student have any intellectual impairment? Yes No Please supply documentation  EMERGENCY CONTACTS  Other than parents) This must be kept updated in case of medical emergency  Name  Telephone  Relationship to child									
Ashtma (attach Ashtma Plan signed by Doctor)  Anxiety or Partic attacks  Speechtlanguage Impairment  Other (Please Specify)  Note: Please attach appropriate documentation.  Condition  No Yes Name of Centre Date of Last Tetanus injection.  SPECIAL ASSESSMENTS  Note: Please attach appropriate documentation.  Condition  No Yes Name of Centre Date of First Visit Is student still attending?  Audiology Clinic  Child Guidance/School Counselor  Child Guidance/School Counselor  Peychiatrist  Specialist Clinic  Specialist Clinic  Speech Pathologist  State Guidance  Other (Please Specify)  In case of emergency, send student to: St Vincent's Emergency Toowoomba Base Hospital  Does the Student Use an EPIPEN? Yes No Please attach Action Plan signed by a Doctor  Please specify:  Does the Student have any ongoing illnesses/conditions, e.g. allergies? Yes No Please specify:  Does the Student have any physical impairment that may affect their circumstances at College?  Penicillin Analgesic Aspirin Other  Does the Student have any physical impairment that may affect their circumstances at College?  Deathers Specify:  Does the Student have any physical impairment that may affect their circumstances at College?  Deathers Specify:  Does the Student have any physical impairment that may affect their involvement in physical education or sport? Yes No Please specify:  Does the Student have any intellectual impairment? Yes No Please supply documentation  EMERGENCY CONTACTS (Other than parents) This must be kept updated in case of medical emergency	• • • • • • • • • • • • • • • • • • • •				Note	: Type 1 – Parents to sup	pply food e.g. fruit juice, sweets		
Anxiety or Panic attacks  SpecchYLanguage Impairment  Other (Please Specify)  Pale of Last Tetanus injection.  SPECIAL ASSESSMENTS  Note: Please attach appropriate documentation.  Condition  No Yes Name of Centre Date of First Visit Is student still attending?  Audiology Clinic  Child Guidance/School Counsellor  Occupational Therapist  Psychiatrist  Specialist Clinic  In case of emergency, send student to: St Vincent's Emergency Toowoomba Base Hospital In case of emergency, send student to: St Vincent's Emergency Toowoomba Base Hospital Does the Student Use an EPIPEN?  Please specify:  Does the Student have any ongoing Illnesses/conditions, e.g. allergies? Yes No Please specify:  Does the Student have any physical impairment that may affect their circumstances at College?  Deafiness									
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EMERGENCY CONTACTS (Other than parents) This must be kept updated in case of medical emergency  Name Telephone Relationship to child	Please specify:								
Name Telephone Relationship to child	Does the Student have an intellectu	ıal impaiı	rment? \	res 🔲 N	Please supply document	<u>ation</u>			
	EMERGENCY CONTACTS (Other than parents) This must be kept updated in case of medical emergency								
1.					Telephone	Relationsh	ip to child		
2									

In the case of a separated family, who receives Reports?	■ Mother only	y	nly Both parents	
Position of Student in family (please work from S = Sister, I = This Child). In example, in BSSI, th	oldest child down and is child (I) is the baby	d use symbols as follo of a family of 4, the o	ws – BSSI (where B = Brothers, Idest being a brother followed by tw	vo sisters.
If the student has any strengths, please detail:  Sport				
☐ Cultural		Academic		
If your child will be travelling by Bus, please provide Bus No. an				
Is your Home phone number: Silent Listed				
(Are there any <u>special circumstances</u> surrounding the Student's	enrolment includi	na the lenath of time	that your son's/daughter's name	has
been on the Application List?) No special circumstan		-		Other
, , , , , , , , , , , , , , , , , , , ,				
Please tell us why you have chosen St Joseph's (	College for you	r child's secon	dary education:	
Is there any other information, which you would like to mention	to assist your applic	cation?		
Should your financial or other circumstances change during the	timo vour son / da	ughtor is at the Coll	ogo ploaso discuss this in confid	longo with the
Should your financial or other circumstances change during the Principal or his/her delegate.	uine your son / uad	ugniei is at the com	eye, piease uiscuss iriis iir coriilu	ence wiin ine
How did you hear about St Joseph's College?	,	•	d of mouth	
Other				
	CHECKLIS	Т		
Copies of documentation enclosed with this a	· · —	□No		
Birth Certificate	<b>⊔</b> Yes □Yes	□ <sub>No</sub>		
Immunization Documentation	☐ Yes☐Yes	□ <sub>No</sub>		
Most recent Report	☐ Yes	□ <sub>No</sub>		
Most recent NAPLAN results	_		<b></b>	
Sacramental Certificates	<b>∐</b> Yes	UNo	☐Not Applicable	
Australian Citizenship Documentation	Yes	□No	☐ Not Applicable	
Current Visa / Immi Card	<b>∐</b> Yes	UNo	☐ Not Applicable	
Current Passport	Yes	□No	☐Not Applicable	
Health or Medical Assessment Reports	Yes	□No	Not Applicable	
Action Plan for major illness (signed by Doctor	·	□No	Not Applicable	
Learning Support Documentation	Yes	□No	☐ Not Applicable	
Legal Documentation (eg. Court orders, Parenting	Plan) Yes	□No	☐Not Applicable	