

**MEDICAL HISTORY**

Student's Name .....

Does the student have any potential life threatening conditions? No  Yes  (If yes please specify) And what are the triggers?  
 .....

Condition	No	Yes	Details of Medication / Treatment <i>Note: Please attach appropriate documentation</i>
Pre/Post Natal Concerns			
Birth Concerns			
Vision Concerns			
Hearing Concerns			
Head Injury			
Convulsions/Epilepsy			
Autism			
Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2			<i>Note: Type 1 – Parents to supply food e.g. fruit juice, sweets</i>
ADD / ADHD			
Asthma (attach Asthma Plan signed by Doctor)			
Anxiety or Panic attacks			
Speech/Language Impairment			
Other (Please Specify)			
Vaccination Records up to date? <i>Note: You <b>MUST</b> attach a copy.</i>			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 Counsellor					
Occupational Therapist					
Psychiatrist					
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 react badly to any of the following drugs?

Penicillin  Analgesics  Aspirin  Other  Please specify: .....

Does the Student have any physical impairment that may affect their circumstances at College?

Deafness  Eyesight  Other: .....

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 an 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
1.		
2.		

In the case of a separated family, who receives Reports?  Mother only  Father only  Both parents

Position of Student in family (please work from oldest child down and use symbols as follows – BSSI (where B = Brothers, S = Sister, I = This Child). In example, in BSSI, this child (I) is the baby of a family of 4, the oldest being a brother followed by two sisters.

If the student has any strengths, please detail:  Sport .....

Cultural .....  Academic .....

If your child will be travelling by Bus, please provide Bus No. and Route Name: .....

Is your Home phone number:  Silent  Listed

(Are there any special circumstances surrounding the Student's enrolment, including the length of time that your son's/daughter's name has been on the Application List?)  No special circumstances.  Recently returned from overseas.  Financial  Other

**Please tell us why you have chosen St Joseph's College for your child's secondary education:**

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Is there any other information, which you would like to mention to assist your application?

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*Should your financial or other circumstances change during the time your son / daughter is at the College, please discuss this in confidence with the Principal or his/her delegate.*

How did you hear about St Joseph's College?  Open Day  Sibling at College  Word of mouth  
 Other .....

CHECKLIST			
Copies of documentation enclosed with this application:			
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Immunization Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Most recent</u> Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Most recent</u> NAPLAN results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sacramental Certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Australian Citizenship Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Current Visa / Immi Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Current Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Health or Medical Assessment Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Action Plan for major illness (signed by Doctor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Learning Support Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Legal Documentation (eg. Court orders, Parenting Plan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable