

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 MUST 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