



ENROLMENT PACK (PART B)

ENROLMENT FORM

ENROLMENT

Parent information about Enrolment in a Western Australian public school

INFORMATION TO BE PROVIDED

The Enrolment Form is intended for children not enrolled at the school in the previous year. For students in the compulsory years of schooling who were enrolled in the previous year please inform the school if there are changes needed to update the form.

The information you provide enables the Department to communicate with you about important matters, to care for your child in emergencies, to plan for special needs and to meet State and National reporting requirements.

Documentary evidence may be required to support any information supplied. Principals may need to consult with the Education Regional Office where evidence has not been supplied. All official records must be in the child's legal name. The use of a preferred name may be possible for informal communication.

Family details should include details of the parent residing at the same address as the student. Details relating to parents not residing with the student may also be included in the **Parent/Guardian Details** section of the form.

The school needs to be advised of any court orders or any changes in relation to the child's name, usual place of residence and/or name and usual place of residence of parent/s.

TRANSPORT

In most cases, transporting your child to school is the parents' responsibility. Enquiries regarding school bus services should be directed either to the school where the application for enrolment is being submitted, or to the Public Transport Authority email enquire@pta.wa.gov.au or telephone 136213. Some special programs include transfer arrangements.

CONFIDENTIALITY

All information provided on this form will be treated confidentially (s 242 of the *School Education Act 1999*).

CONSENT FORMS

The following forms are included for parents to consider and sign if in agreement:

Media Consent:	Publication of images of the student and their work.
Internet Access:	Appropriate use of internet services by students.
Viewing Consent:	For 'Parental Guidance (PG)' items deemed suitable by the teacher and school administration.
Local Excursions:	Agreement to minor excursions, not including excursions which require individual agreement.
School Policies:	Agreement to adhere to school policies such as wearing of the school uniform.

STUDENT HEALTH CARE

The Department's *Student Health Care policy* clarifies the actions to be undertaken by public schools to manage student health care needs. All students require an up to date [Student Health Care Summary](#) which is within this document. For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

INFORMATION ABOUT YOUR OCCUPATION AND EDUCATION AND PARENT OCCUPATION GROUPS

The National Goals for Schooling in the 21st Century state that 'the learning outcomes of educationally disadvantaged students '..... should.....' improve and, over time, match those of other students'.

All parents across Australia, no matter which school their child attends, are being asked to provide information about their family background to promote an education system which is fair for all Australian students regardless of their background. Providing this information is voluntary but your information will help the Department of Education to ensure that all students are being well served by our public schools.

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p>
<p><i>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</i></p> <p><i>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</i></p> <p><i>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</i></p> <p><i>Defence Forces Commissioned Officer.</i></p> <p><i>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.</i></p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p><i>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</i></p> <p><i>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</i></p>	<p><i>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</i></p> <p>Specialist manager <i>[finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing].</i></p> <p>Financial services manager <i>[bank branch manager, finance/ investment/insurance broker, credit/loans officer].</i></p> <p>Retail sales/services manager <i>[shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</i></p> <p>Arts/media/sports <i>[musician, actor, dancer, painter, potter, sculptor, journalist, author].</i></p> <p><i>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</i></p> <p>Associate professionals <i>generally have diploma/technical qualifications and support managers and professionals.</i></p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration <i>[recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</i></p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p><i>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</i></p> <p>Clerks <i>[bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</i></p> <p>Skilled office, sales and service staff</p> <p>Office <i>[secretary, personal assistant, desktop publishing operator, switchboard operator].</i></p> <p>Sales <i>[company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</i></p> <p>Service <i>[aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</i></p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators Hospitality staff <i>[hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</i></p> <p>Office assistants, sales assistants and other assistants</p> <p>Office <i>[typist, word processing/data entry/business machine operator, receptionist, office assistant].</i></p> <p>Sales <i>[sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].</i></p> <p>Assistant/aide <i>[trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</i></p> <p>Labourers and related workers</p> <p>Defence Forces <i>ranks below senior NCO not included in other groups.</i></p> <p>Agriculture, horticulture, forestry, fishing, mining worker <i>[farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</i></p> <p>Other worker <i>[labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</i></p>



East Kenwick Primary School Enrolment Form

An Independent Public School

(Office Use)

Year	K		PP		1		2		3		4		5		6
Room															
Cal Year															

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK. e.g. .

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: Male Female

Residential Address: _____

Postcode: _____

Telephone (Home): _____

Full Name/s of brothers and sisters attending this school:

Student lives with:

Both Parents Other
Parent/Guardian/Carer 1 **Name:** _____ **Relationship to student:** _____
Parent/Guardian/Carer 2 _____
Independent minor _____

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality (optional): _____ Country of Birth: _____

Religion: _____. Is the student to be withdrawn from religious instruction? YES NO

Student's First Language: _____

Is the student's descent:Aboriginal YES NO
.....Torres Strait Islander (TSI) YES NO
.....Both Aboriginal and TSI YES NO

Does the student speak a language other than English at home?..... YES NO

Does the student mainly speak English at home? YES NO
(If more than one language, indicate the one that is spoken most often.) NO, English only
 YES, other - please specify: _____

Australian Citizenship/Permanent Resident: YES NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Visa Sub-class No Expiry Date: _____

Visa Grant No.: _____ Passport No: _____

International Fee Paying (if known): YES NO

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

Movement reason (optional): _____

CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES NO
If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? YES NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

If NO, is there an open CPFS case still in place for the student? YES NO

Please provide the CPFS District and phone number.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form ([Student Health Care Summary](#)) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability? YES NO If YES, please specify the disability/s:

Please indicate where you have documentation about your child’s disability in any of the following areas. Copies of this documentation will be required for school records

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need? YES NO

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | _____ |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | _____ |

Medical Practice (Name and Address): _____

Doctor’s Name: _____ Telephone: _____

Dental Surgery Practice (if applicable, name and address): _____

Dentist’s Name: _____ Telephone: _____

Medicare No: _____ Position on Card _____ Valid to: ____ / _____

Health Care Card (if applicable): YES NO. If Yes, please provide no. _____ Expiry Date: _____

Do you have ambulance cover? YES NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above
 Advanced diploma/Diploma
 Certificate I to IV (including trade certificate)
 No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in the [Parent Information about Enrolment](#) handout. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

Parent/Guardian 2 Details

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

What is the level of the highest qualification you have completed?

- Bachelor degree or above
- Advanced diploma/Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in the [Parent Information about Enrolment](#) handout. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

OTHER CONTACT(S) DETAILS

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

SIGNATURE

Name of person enrolling student:

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____

(independent minors and those aged 18 years or older may sign on their own behalf)

PRINCIPAL'S APPROVAL

Principal's Signature
Approved / Not approved

Date: _____

OFFICE USE ONLY

Student's official documentation all sighted (Date): _____ YES NO
 Birth certificate Passport Travel document/s
Student's Residency status: .. Local Permanent Resident
 Overseas Student: If yes, International fee paying: YES NO
Entry Date: _____
Previous School: _____ Records received: YES NO
Publications/Internet Permission Form completed: YES NO
Contributions and Charges Billing: PG1: ____% PG2: ____% Other: ____%
Official documentation: PG1: ____ PG2: ____ Other: ____
(including reports, to be sent to)
Immunisation records provided: YES NO
Form/Class: _____ House Faction: _____
Approved by Principal: NO YES on (Date): _____
Entered on School Information system by: _____ on (Date): _____
Student leaves school: (Date) _____ Date Transfer Note Sent: _____
Destination: _____
Records received from transferring school: NO YES on (Date): _____

RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

1. **Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
2. **Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
3. **Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
4. **Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
5. **Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**



Consent Form

At **East Kenwick Primary School** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Schools often capture children's images during school activities for use in educating students, parent communication, promoting the school and promoting public education. Images and/or samples of children's work are sometimes published to recognise excellence or effort. These images and may appear in newsletters, on websites, in newspapers or on film or video. Their names, usually only first names, may also be included but no contact details are provided.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see the [Student's online policy](#).

INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the [Student's online policy](#).

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

The school's Newsletter is accessible on our Website, Facebook and via email. Please subscribe to eastkenwickps.wa.edu.au, 'Like' us on Facebook and provide your email address within the Enrolment form.

Name of Student: _____ Year/Room: _____

Name of Parent/Guardian signing the consent form:

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student (e.g. parent/guardian/carer): _____

Signature: _____ Date: _____



School/Departmental Policy Agreement

SCHOOL POLICIES – Parent/Guardian and Student

- I understand that completion of the enrolment process indicates **acceptance and adherence** to the school policies including daily wearing of the school uniform.
- I have read and agreed to abide by the school's Learning Technology Agreement. Inappropriate use of the internet will result in access being denied to the school computer system.
- I have read and agreed to abide by the school's mobile phone policy.

SIGNATURE OF THE STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SCHOOL/DEPARTMENT POLICIES – Parent

- I have read and understood the School Information, Rules, Policies and Guidelines.
- I understand that if the school determines that an ambulance is required for my child, the **cost will be my responsibility**.
- I am aware that it is the Department of Education's policy that any personal property belonging to the students, parents or visitors which has been lost or stolen is not covered by the Department of Education's Insurance.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School: East Kenwick Primary School	Year: _____	Form: _____	Teacher: _____
Student's Name: _____	Date of Birth: _____		
Address: _____	Gender: Male/Female		

FAMILY CONTACT DETAIL

MEDICAL DETAILS

Name: _____	Medical Practice: _____		
Relationship to student: _____	Doctor 1: _____	Telephone: _____	
	Doctor 2: _____	Telephone: _____	
Address: _____	Dental Practice: _____	Telephone: _____	
	Name of Dentist: _____	Telephone: _____	
Telephone: (W) _____ (H) _____ (M) _____	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name: _____	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: _____		
Relationship to student: _____	If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.		
Address: _____	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.		
Telephone: (W) _____ (H) _____ (M) _____	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry Date _____	
	Card Number _____		
	Medicare Card No.: _____	Expiry Date: _____	
	Position on Card _____		

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.

Note: All medication required must be supplied by parents/carers

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? Yes No

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information? _____

Does your child have one or more health condition(s) that will **require support** from school staff?

No - **sign below and return Section A of this form to the school office.** If your child's requirements change, please notify the school.

Signature: _____ **Date:** _____

Yes - complete the remainder of this form overleaf and return to the school office.

SECTION B IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Conditions or Needs (Please specify)	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
as your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes No
If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes No
If yes, provide details: _____

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS
Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes No Date: _____

Have relevant health care plans been issued to the parent? Yes No Date: _____

Has the Principal been informed if:
specific training is required to support the student? Yes No

the student's health care information is to be restricted? Yes No

Date *Student Health Care Summary* was completed and uploaded on SIS: / /