

**PRE PREP PROGRAMS
STUDENT ENROLMENT INFORMATION**

LINKS PROGRAM
3 YEAR OLD

STEPPING UP
PROGRAM
4 YEAR OLD

(Please indicate the program attending with a ✓)

STUDENT DETAILS

| | | | |
|---------------------------------|---|--------------------------------|--------------------|
| Legal Surname: | | Title: (Miss Ms Mr) | |
| Legal First Given Name: | | | |
| Legal Second Given Name: | | | |
| Preferred Name (if applicable): | | | |
| Sex (tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date: | ____ / ____ / ____ |
| Any Known Allergies: | | Any Medical Conditions: | |
| Kindergarten Attending | | | |
| Older Siblings? | YES / NO | School Elder Sibling Attending | |

FAMILY DETAILS

ADULT A DETAILS (PRIMARY CARER):

| | |
|------------------------------|---|
| Sex (tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Title: (Ms, Mrs, Mr, Dr etc) | |
| Legal Surname: | |
| Legal First Name: | |
| Home Telephone: | |
| Mobile: | |
| Work Telephone: | |

ADULT B DETAILS:

| | |
|------------------------------|---|
| Sex (tick): | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Title: (Ms, Mrs, Mr, Dr etc) | |
| Legal Surname: | |
| Legal First Name: | |
| Home Telephone: | |
| Mobile: | |
| Work Telephone: | |

FAMILY HOME ADDRESS

| | |
|--------------------|-----------|
| No. & Street Name: | |
| Suburb: | Postcode: |

PARENT / GUARDIAN CONSENT: *(cross out any unacceptable statement)*

In the event of illness or injury to my child whilst at school, I authorise the Principal or teacher-in-charge of my child, where it is impossible to contact me to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.
- permission for the taking of photographs or videos on behalf of Clarinda Primary School and DEECD, that may be used in the school newsletter.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

