

When can my child start school?

Date of birth range		Kindy	PP	1	2	3	4	5	6
1/07/2007	30/06/2008	2012	2013	2014	2015	2016	2017	2018	2019
1/07/2008	30/06/2009	2013	2014	2015	2016	2017	2018	2019	2020
1/07/2009	30/06/2010	2014	2015	2016	2017	2018	2019	2020	2021
1/07/2010	30/06/2011	2015	2016	2017	2018	2019	2020	2021	2022
1/07/2011	30/06/2012	2016	2017	2018	2019	2020	2021	2022	2023
1/07/2012	30/06/2013	2017	2018	2019	2020	2021	2022	2023	2024
1/07/2013	30/06/2014	2018	2019	2020	2021	2022	2023	2024	2025
1/07/2014	30/06/2015	2019	2020	2021	2022	2023	2024	2025	2026
1/07/2015	30/06/2016	2020	2021	2022	2023	2024	2025	2026	2027
1/07/2016	30/06/2017	2021	2022	2023	2024	2025	2026	2027	2028

BNPS Enrolment Checklist



- Enrolment form completed (5 pages)
 - Emergency contacts are clearly listed in order of preference
 - Parent/Guardian 1 is the one we will always contact first
 - Please ensure parent work/education section is completed to assist in our data collection as required by the Department of Education

- Consent form completed (1 page)
- Proof of residential address provided**
- Copy of birth certificate, Medicare card or passport provided
- Proof of guardianship provided (if carers other than parents are enrolling a student)
- Copy of ACIR Immunisation records provided – **handwritten records in PURPLEBOOK are not sufficient**

Parents can request an Immunisation History Statement at any time by:

- telephoning ACIR on 1800 653 809 (free call)
- emailing acir@humanservices.gov.au
- visiting their local Department of Human Services Centre (Centrelink)
- Student Health Care Summary completed
 - Management and Emergency Response Plan** completed if required.

Please ask for a form at the front office if your child has asthma, anaphylaxis/allergies, epilepsy or requires regular medication.

- Email address(es) provided for parent correspondence as we aim to minimise paper wastage
- Confidential School Entry Health Assessment completed for School Nurse

Totally Workwear Broome

Broome North Primary School – Uniforms

5 Haynes St, Broome WA 6725

Ph: 08 9192 7677

Uniform Prices subject to change

Embroidered School Shirts	\$23.50
Shorts – Black	\$20.00
Skorts – Black	\$18.00
Hats (Blue, wide rimmed)	\$18.50



Faction Shirts:

T-Shirts	\$8.50
Polos	\$12.50

Stingrays - Blue

Mangrove Jacks - Red

Green Turtles - Green



Year of enrolment: _____
 Year level: _____
 Start Date: ___ / ___ / ___
 House: _____

OFFICE USE ONLY

Date received: _____ Year Level:
 Birth certificate/Passport/Travel document sighted (Circle).
 Student resides within local intake area YES NO
 Visa sighted: YES NO
 Family Court Order/s: YES NO
 Student Health Care Summary completed YES NO
 Consent Form completed YES NO

STUDENT ENROLMENT FORM
(For enrolment in a Western Australian Public School)

This form is to be completed for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

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): _____

Previous Surname (if applicable): _____

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

Preferred 1st Name: _____

Email Address: _____

Date of Birth: ___ / ___ / _____ Sex: Male Female

Residential Address: _____

_____ Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

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

Student lives with:

Both Parents	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Parent/Guardian/Carer 1	<input type="checkbox"/>	Name	Relationship to student
Parent/Guardian/Carer 2	<input type="checkbox"/>	_____	_____
Independent minor.....	<input type="checkbox"/>		

(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: _____ 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: _____

International Fee Paying (if known): YES NO

Does the student receive any of the following allowances:

- Secondary Assistance Youth Allowance
- Assistance for Isolated Children (AIC) Abstudy

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.

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

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: _____

Permission for the school to seek medical/dental attention for my child as required. YES NO

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

Dentist’s Name: _____ Telephone: _____

Medicare No: _____ Valid to: ____ / _____

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

Do you have ambulance cover? YES NO Provider:

(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 ATTACHMENT 1. 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 ATTACHMENT 1. 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

_____ Approved / Not approved Date: _____

Principal's signature



Broome North Primary School Kindergarten Preference

Student name: _____

Parent/Guardian name(s): _____

Parent/Guardian contact number(s): _____

Parent/Guardian email address(s): _____

Preference:

- Group A: Crocodiles** – attend every Monday, Tuesday and ‘odd’ Wednesdays (Week 1, 3, 5, 7, 9)
- Group B: Crabs** – attend ‘even’ Wednesdays (Week 2, 4, 6, 8, 10) and every Thursday, Friday
- Either group

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.

Parent Occupation Groups

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>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/productio n/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/indus trial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [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].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p>Sales [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].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

These categories have been determined nationally and are designed as broad occupational groupings.

All Australian states and territories use the same categories.

S:\AdminShared\Administration Staff\850 Students\859 Enrolments

General Consent Form

This form asks you to provide consent for four general activities so there's no need to continually complete individual consent forms every time one of these things occurs. At all times Broome North PS staff members make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

- Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, in newsletters or on film or video. Their names may be included but contact details are never published.
- Children's images may also be seen on the Broome North Primary School website and Facebook page and pages/sites maintained by the Department or their schools. On these sites names of students are never published, unless you give us specific consent at the time the image is to be used.
- Images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- 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.

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.

VIEWING CONSENT

Children often watch videos, including tutorials, explanations and 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 may occasionally walk within the local area for minor excursions under the supervision of the teacher. In Broome North this may include local parks and nature reserves. On all occasions, parents will be notified of the local excursion and have the opportunity to withdraw their consent.

- 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.

Name of student: _____ Year level: _____

Parent/caregiver name	Parent/caregiver signature	Contact phone number

Today's date: _____

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School: Broome North Primary School	Year: _____	Form: _____	Teacher: _____
Student's Name: _____	Date of Birth: _____		
Address: _____	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female		

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

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 and return to the school office. You will be given additional forms to complete.
 List your child's health condition(s): _____

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) _____

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition? YES NO
 If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.
 Revised T3/2013 Form 1, Page 1 of 2

Name:

Date of Birth:

School:

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: _____

Signature: _____

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: / /

FORM 1 PAGE 2 OF 2