

STUDENT INFORMATION DETAILS 2024

CHILD'S SURNAME: CHRISTIAN NAME: YEAR/CLASS

HOME ADDRESS:

BILLING NAME & ADDRESS FOR SCHOOL ACCOUNTS: **(If different from above)**
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HOME PHONE NUMBER:

MOTHER'S NAME: FATHER'S NAME:

MOTHER'S MOBILE NUMBER: FATHER'S MOBILE NUMBER:

MOTHER'S EMAIL ADDRESS: FATHER'S EMAIL ADDRESS:

EMERGENCY CONTACT NAME & NUMBER *(in case we cannot contact you on the number above)*

NAME _____ NUMBER _____ RELATIONSHIP TO CHILD _____

NAME _____ NUMBER _____ RELATIONSHIP TO CHILD _____

PARENTAL MEDICAL CONSENT FORM

In an emergency medical situation involving the child, the parents/guardians will be contacted immediately. The emergency contact person will be called if you cannot be located. In the event of being unable to contact anyone listed, the school will contact the child's Doctor, Hospital or ambulance for medical assistance.

I authorise the Principal, Acting Principal or teacher in charge of the school activity to consent, where it is impracticable to communicate with me, to my child receiving such medical and surgical treatment as may be deemed necessary. I accept responsibility for any charges incurred for the treatment of my child.

PARENT'S SIGNATURES: Mother Father

PARENTAL PERMISSION FOR LOCAL EXCURSIONS

I give permission for my child to take part in local excursions which involve walking around the local area. I understand that the children will always be accompanied by staff and parent helpers (1:10 ratio). These excursions may take the form of seasonal walks, visiting the shops, places of local interest, going to sporting venues etc. For practical reasons, this form is a permission form for Local Excursions via walking throughout the 2022 school year. Parents will always be notified before any such excursion

PARENT'S SIGNATURES: Mother Father

WITH WHOM DOES YOUR CHILD RESIDE AND WHAT CONTACT ARRANGEMENTS, (IF ANY), HAVE BEEN MADE FOR YOUR CHILD? (i.e. the collection of your child from school, maintenance arrangements, court orders and other responsibilities relevant to your child's education. Please attach relevant information if not already at the office.)
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IF A PARENT DOES NOT LIVE WITH THE CHILD, WOULD YOU LIKE DUPLICATES OF LETTERS SENT via EMAIL?

(E.g. newsletters, excursions, interviews, school events, etc.,) **YES - NO.**

Name of parent Email address:

IF A PARENT DOES NOT LIVE WITH THE CHILD, WOULD YOU LIKE A DUPLICATE OF SCHOOL REPORTS?

Name of parent Email address:

PHOTO PERMISSION	PLEASE INITIAL
I/WE agree to give permission for my/our child's photograph to be used in publications for Educational / School / Promotional purposes e.g. newsletter, Parish bulletin, MACS Catholic publications, and newspaper advertisements. This may also include video image, iMovie etc., voice recording and associated school work. In the event that the media photographers attend our school, your child's first name only may be used in the newspaper article. You will be contacted if this occurs.	
I/WE agree to give permission for my/our child's photograph to be used for classroom purposes, e.g. as part of a class Seesaw post, class assembly, class project etc. This may also include video image, iMovie etc., voice recording and associated school work.	

SCHOOL WEBSITE PERMISSION	PLEASE INITIAL
I/WE agree to give permission for the school to use my child's photographic image on the school website, your child's name will NOT be used in any way	

IMPORTANT MEDICAL INFORMATION	YES OR NO
DOES YOUR CHILD SUFFER FROM ASTHMA? (If yes, please fill out your child's Asthma Australia form with your Medical Practitioner and return it with this form.)	
DOES YOUR CHILD SUFFER FROM ANAPHYLAXIS? (If yes, please fill out your child's ASCIA Anaphylaxis Form with your Medical Practitioner and return it with this form.)	
PLEASE INCLUDE ANY MEDICAL CONDITION, ALLERGIES, ETC. FOR THE SCHOOL'S ATTENTION (NB: Please attach additional information and contact the school office regarding potentially life- threatening illnesses/conditions. With life threatening conditions, parents should speak with the Principal if you have not already done so.)	
DO YOU SUBSCRIBE TO THE AMBULANCE SERVICE? MEMBERSHIP NUMBER: (N.B. In an emergency, an ambulance will be called and parents will be contacted immediately.)	

PLEASE INCLUDE ANY FURTHER INFORMATION WHICH MAY ASSIST IN YOUR CHILD'S EDUCATION THROUGHOUT 2024
(E.g. Family births, lengthy holidays, illness, well-being, loss & grief, trauma)

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PARENT/GUARDIAN OBLIGATIONS	PLEASE INITIAL
I/WE understand and agree to abide by the MACS – 2024 SFX Parent Code of Conduct	
I/WE understand that the school has a zero-tolerance approach to verbal or physical abuse of students or staff and whereby your enrolment will be terminated	
I/WE agree to pay the school fees and student levies determined by St Francis Xavier Primary School by the due dates	
I/WE agree to contact the Principal to explain my/our inability to meet our financial commitment within the set timeline and to arrange an alternative payment plan	
I/WE make a personal commitment to participate in school activities as members of our Parish/School community and to enable our child to engage in school and Parish life. These activities include the full educational program which involves Religious & Liturgical celebrations, assemblies, school excursions, swimming program & school camps	
I/WE will support our child's education through my involvement in school activities where and when I am able.	
I/ WE understand that my child will have access to use the internet, Intranet, electronic equipment and associated activities in accordance with the SFX Acceptable Use Policy as part of their daily study	
I/WE accept that if our child is dropped at school prior to 8.40am or not picked up by 3.40pm , he/she will be taken to OSH Club School Care where charges will apply	
I/WE are aware if we are not Catholic, that enrolment at St Francis Xavier School does not imply automatic acceptance at another Catholic Primary or Secondary School	
I/WE will supply the school with a Health Immunisation Certificate (If this has not been supplied)	
I/We will uphold and comply with all SFX school policies, procedures and ethos as agreed in the Enrolment process.	

PARENT ASSOCIATION	PLEASE INITIAL
I ACCEPT that all parents are part of the Parents Association at St Francis Xavier School.	
Parents email contact details will be shared with the SFX Parents Association for communication purposes. Please provide your email address if you wish for these details to be shared.	
PARENT NAME	
Parent Email Address/es	

HEALTH CARE CARD	CARD NUMBER
Please provide details of your card if you have one & provide a copy of the card or bring to the office for a copy to be made. Valid for CSEF (Camp, Sports, & Excursions Fund) eligibility annually	

Please return this form to your child's teacher ASAP and by Friday 8th March 2024