

Dear Parents/Guardians

RE: ENROLMENT

We thank you for your recent enrolment enquiry.

Please find enclosed an Enrolment package. Would you please complete the Enrolment and Medical Forms along with the Uniform Policy and return to us with all the requested supporting documentation at your earliest convenience.

Once we have received the forms from you, we will be in further contact with you.

We await hearing from you and should you have any further queries, please do not hesitate to contact us.

Yours sincerely

Tiffany Nicholson
Enrolment Officer

CHECKLIST – HAVE YOU ENCLOSED ALL THE DOCUMENTATION REQUIRED

Enrolment Form	<input type="checkbox"/>
Medical Form	<input type="checkbox"/>
Uniform Policy	<input type="checkbox"/>
Most recent School Report	<input type="checkbox"/>
NAPLAN Results	<input type="checkbox"/>
\$200 Enrolment Fee	<input type="checkbox"/>
Immunisation Details and Medicare Number	<input type="checkbox"/>
Learning Support Documentation	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
If Separated Full Court Orders	<input type="checkbox"/>
Passport photo	<input type="checkbox"/>

Red Bend Catholic College Enrolment Application

☐

Day Student

☐

Boarder

Weekly/Fulltime (please circle)

POST THIS APPLICATION TO: Enrolment Officer
Red Bend Catholic College
PO Box 312
FORBES NSW 2871

EMAIL THIS APPLICATION TO: enrolments@redbendcc.nsw.edu.au

For more information: P. 6852 2000
E. enrolments@redbendcc.nsw.edu.au
W. www.redbendcc.nsw.edu.au

PLEASE ENSURE YOU RETURN THE FOLLOWING WITH THIS APPLICATION:

- Application form
 - Signed Uniform Policy
 - Application fee of \$200.00 (this fee is non-refundable).
- Cash, EFTPOS, Direct Debit payment (**BSB 063 000 Account 00396854**) or Cheque made payable to Red Bend Catholic College.
- Photocopies of: - Birth Certificate
 - Latest school report (if student is in Year 4 or above)
 - Years 5, 7 and 9 NAPLAN test results (where applicable)
 - Any applicable legal papers or court orders

Please note: If all the required (where applicable) documents (listed above) are not received the application will be deemed incomplete and will proceed no further.

Giving false or misleading information can have serious legal consequences. In the event that statements made in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

INITIAL APPLICATION FOR ENROLMENT AT RED BEND CATHOLIC COLLEGE

Student's full name: _____

Commencement year (e.g. 2019): _____ Commencement year group (e.g. Year 7): _____

Religion: _____

THIS APPLICATION IS FOR: (please indicate one only)

- ☐ Day Student
- ☐ Full Boarding Student
- ☐ Weekly Boarding Student

OFFICE USE ONLY:

Forms Received:

Application & Fee ☐

Medical History ☐

Birth Certificate ☐

School Report ☐

NAPLAN ☐

Uniform Policy ☐

Finance Forms ☐

Acceptance Letter ☐

STUDENT DETAILS

STUDENT'S SURNAME: _____

GIVEN NAME/S: _____

STUDENT'S PREFERRED GIVEN NAME: _____

DATE OF BIRTH: _____

STUDENT'S RESIDENTIAL ADDRESS: _____

_____ POST CODE: _____

STUDENT'S PRESENT SCHOOL: _____

THIS STUDENT'S PRESENT YEAR LEVEL: _____

NUMBER OF CHILDREN IN FAMILY: _____

STUDENT'S SIBLINGS: (Please list applicant's siblings and their House if a past or present student at RBCC)

Name	Age	Year Level	Current School (if at school)	House
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Citizenship/residency

IS THE STUDENT AN AUSTRALIAN RESIDENT? _____

WHAT IS THE STUDENT'S CITIZENSHIP? _____

IN WHICH COUNTRY WAS THE STUDENT BORN?

☐ AUSTRALIA ☐ OTHER – PLEASE SPECIFY _____

Languages

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

☐ NO, ENGLISH ONLY ☐ YES, PLEASE SPECIFY _____

Please write the specific language spoken. For example, "Cantonese" or "Mandarin", not simply "Chinese".

Please do not write the nationality such as "Indian"; instead specify the language spoken e.g. "Hindi" or "Punjabi".

Aboriginal/Torres Strait Islander

IS THE STUDENT OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

- ☐ NO ☐ YES, ABORIGINAL
- ☐ YES, TORRES STRAIT ISLANDER ☐ YES, BOTH ABORIGINAL AND TORRES STRAIT ISLANDER

STUDENT
PHOTO
HERE

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

(Family Number _____ Office use only)

RELATIONSHIP TO STUDENT: _____

TITLE (E.G. MRS, MS, MR, DR): _____

SURNAME: _____

GIVEN NAME/S: _____

PREFERRED GIVEN NAME: _____

RESIDENTIAL ADDRESS: _____

_____ POST CODE: _____

POSTAL ADDRESS: _____

_____ POST CODE: _____

HOME TELEPHONE: _____

HOME FACSIMILE: _____

BUSINESS TELEPHONE: _____

BUSINESS FACSIMILE: _____

MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

RELIGION: _____

ARE YOU AN EX-STUDENT: _____

Citizenship/residency

ARE YOU AN AUSTRALIAN RESIDENT? _____

WHAT IS YOUR CITIZENSHIP? _____

IN WHICH COUNTRY WERE YOU BORN?

☐

AUSTRALIA

☐

OTHER – PLEASE SPECIFY _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

☐

NO, ENGLISH ONLY

☐

YES, PLEASE SPECIFY _____

Please write the specific language spoken. For example, "Cantonese" or "Mandarin", not simply "Chinese".

Please do not write the nationality such as "Indian"; instead specify the language spoken e.g. "Hindi" or "Punjabi".

Parent/Guardian 2

(Family Number _____ Office use only)

RELATIONSHIP TO STUDENT: _____

TITLE (E.G. MRS, MS, MR, DR): _____

SURNAME: _____

GIVEN NAME/S: _____

PREFERRED GIVEN NAME: _____

RESIDENTIAL ADDRESS: _____

_____ POST CODE: _____

POSTAL ADDRESS: _____

_____ POST CODE: _____

HOME TELEPHONE: _____

HOME FACSIMILE: _____

BUSINESS TELEPHONE: _____

BUSINESS FACSIMILE: _____

MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

RELIGION: _____

ARE YOU AN EX-STUDENT: _____

Citizenship/residency

ARE YOU AN AUSTRALIAN RESIDENT? _____

WHAT IS YOUR CITIZENSHIP? _____

IN WHICH COUNTRY WERE YOU BORN?

☐

AUSTRALIA

☐

OTHER – PLEASE SPECIFY _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

☐

NO, ENGLISH ONLY

☐

YES, PLEASE SPECIFY _____

Please write the specific language spoken. For example, "Cantonese" or "Mandarin", not simply "Chinese".

Please do not write the nationality such as "Indian"; instead specify the language spoken e.g. "Hindi" or "Punjabi".

Parent/Guardian 1 continued

Occupation

OCCUPATION: _____

PLACE OF WORK: _____

OCCUPATION GROUP (Circle 1, 2, 3, 4 or 8):

Please select the appropriate parental occupation group from the list on page 10 of this booklet. If you are not currently in paid work but have a job or have retired in the last 12 months please use your last occupation. If you have not been in paid work in the last 12 months please write 8.

School education

WHAT IS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL YOU HAVE COMPLETED?

For persons who have never attended school mark "Year 9 or equivalent or below" *(Please mark one box only)*.

- ☐ YEAR 12 OR EQUIVALENT
- ☐ YEAR 11 OR EQUIVALENT
- ☐ YEAR 10 OR EQUIVALENT
- ☐ YEAR 9 OR EQUIVALENT OR BELOW

Non-school education

WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION YOU HAVE COMPLETED? *(Please mark one box only)*.

- ☐ BACHELOR DEGREE OR ABOVE
- ☐ ADVANCED DIPLOMA/DIPLOMA
- ☐ CERTIFICATE I TO IV
(INCLUDING TRADE CERTIFICATE)
- ☐ NO NON-SCHOOL QUALIFICATION

Parent/Guardian 2 continued

Occupation

OCCUPATION: _____

PLACE OF WORK: _____

OCCUPATION GROUP (Circle 1, 2, 3, 4 or 8):

Please select the appropriate parental occupation group from the list on page 10 of this booklet. If you are not currently in paid work but have a job or have retired in the last 12 months please use your last occupation. If you have not been in paid work in the last 12 months please write 8.

School education

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- ☐ YEAR 12 OR EQUIVALENT
- ☐ YEAR 11 OR EQUIVALENT
- ☐ YEAR 10 OR EQUIVALENT
- ☐ YEAR 9 OR EQUIVALENT OR BELOW

Non-school education

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- ☐ CERTIFICATE I TO IV
(INCLUDING TRADE CERTIFICATE)
- ☐ NO NON-SCHOOL QUALIFICATION

STUDENT LIVING ARRANGEMENTS

The student resides with:

☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ GUARDIAN _____

**If natural parents are not living together please complete the section below.
This is important information to help avoid confusion and possible embarrassment.**

Indicate your answer by ticking the appropriate box.

☐ PARENTS SEPARATED ☐ FATHER DECEASED ☐ FATHER REMARRIED
☐ PARENTS DIVORCED ☐ MOTHER DECEASED ☐ MOTHER REMARRIED

Where relevant, please attach copies of any Family Court or other court orders

WHO DOES THE COLLEGE COMMUNICATE WITH FOR DAY-TO-DAY MATTERS?

☐ MOTHER ☐ FATHER ☐ GUARDIAN

WHO RECEIVES COPIES OF CORRESPONDENCE FROM THE COLLEGE?

☐ MOTHER ☐ FATHER ☐ GUARDIAN

WHO WILL BE PRIMARILY RESPONSIBLE FOR THE PAYMENT OF FEES?

☐ MOTHER ☐ FATHER ☐ GUARDIAN

OTHER DETAILS

COURT ORDERS

Are there Court Orders in place: YES ☐ NO ☐

If 'YES' please ensure that a copy is supplied when submitting the application

If there are no Court Orders in place, please state arrangements between both parties that the school should be aware of

RELEVANT PREVIOUS HISTORY

Red Bend Catholic College has a responsibility to assess and manage any risk of harm to its staff and students. To your knowledge is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students, or staff at the College?

YES ☐

NO ☐

If yes, provide a brief description (attach copies of any documentary evidence)

Does the student have any past history of violent behaviour?

YES ☐

NO ☐

If yes, provide details

Did this involve being suspended or expelled from any previous school?

YES ☐

NO ☐

If yes, provide details

☐ Actual violence to any person?

☐ Illegal drugs?

☐ Possession of weapon or any item used to cause harm?

☐ Threats of violence or intimidation of staff, students, or others at the school?

Are you aware of any other incidents of the kind listed above that have involved the student outside of the school setting?

YES ☐

NO ☐

If yes, provide details

PRIVACY COLLECTION NOTICE (Also refer to the Privacy Policy on the College website: www.redbendcc.nsw.edu.au)

The Privacy Amendment (Private Sector) Act 2000 came into effect on 21 December 2001. The Act regulates the way private sector organisations collect, use, keep, secure and disclose personal information. The following Information Collection Notice relates to the purposes for collection of personal information.

STANDARD COLLECTION NOTICE

Red Bend Catholic College (hereinafter referred to as “The College”) is bound by the Australian Privacy Principles (APPs). The College is committed to upholding these principles and complying with the Commonwealth Privacy laws referred to in “Privacy Amendment (Enhancing Privacy Protection), Act 2012”. In relation to health records, the College is also bound by the New South Wales Health Privacy Principles which are contained in the Health Records and Information Privacy Act 2002 (Health Records Act). This notice has to be read in conjunction with The College’s Privacy Policy that can be accessed from www.redbendcc.nsw.edu.au The following Standard Collection

Notice relates to the purposes for collection of personal information.

1. The College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student’s enrolment at the College. This may be in writing or in the course of conversations. The primary purpose to collect this information is to enable the College to provide schooling to the student and to enable them to take part in all the College activities.
2. Some of the information the College collect is to satisfy the College’s legal obligations, particularly to enables the College to discharge its duty of care.
3. Laws governing or relating to the operation of a College require certain information to be collected and disclosed. These laws include relevant Education Acts, and Public Health and Child Protection
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles. The College may ask you to provide medical reports about students from time to time.
5. The College regularly discloses personal and sensitive information to others for administrative and educational purposes, including facilitating the transfer of a student to another College. This includes to other Colleges, Government departments, Catholic Education Office, Catholic Education Commission, the local diocese and the parish, Colleges within other Dioceses, medical practitioners, and people providing services to the College, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. The College may store personal information in the ‘cloud’ which may mean that it resides on servers situated outside Australia.
8. The Privacy Policy sets out how parents or students may seek access to personal information collected about them. However, there will be occasions when access is denied and would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College’s duty of care to the student, or where students have provided information in confidence.
9. The Privacy Policy also sets out how you may complain about a breach of privacy and how the College will deal with such a complaint.
10. From time to time the College engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the College’s fundraising activities solely for that purpose. The College will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in College newsletters and magazines, on the College website and on the College’s social media accounts. Photographs of student activities such as sporting events, College camps and College excursions may be taken for and published in College newsletters and magazines, the College website, the College’s social media accounts, on the College intranet and in promotional material for the College.
12. If you provide the College with the personal information of others, such as doctors or emergency contacts, the College encourages you to inform them that you are disclosing that information to the College and why and that they can access that information if they wish, but be advised that the College does not usually disclose this information to third parties.

I/We consent to Red Bend Catholic College contacting the applying student’s previous school(s) in order to collect information on performance, behaviour, fee payments and any information relevant to the processing of this application. (Please note if consent is not granted, this application cannot be processed).

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

PRINT NAME

DATE

DATE

**THE SIGNATURES OF BOTH PARENTS (OR ALL GUARDIANS) ARE REQUIRED FOR THIS APPLICATION TO BE VALID.
IF THIS IS NOT POSSIBLE PLEASE CONTACT THE ENROLMENT OFFICER.**

INFORMATION ON DIAGNOSED DISABILITY(IES), SPECIFIC LEARNING NEEDS, LEARNING DIFFICULTIES

Does your child have any diagnosed social, emotional or intellectual difficulties or special medical or learning needs which may impact on them being able to take full advantage of the programs offered at the College?

☐ YES

☐ NO

These **must** be disclosed to ensure the College is able to meet your child's educational needs.

The College endeavours to meet the special educational needs of students.

The College does not use disclosure of any special needs as a criterion for admission unless the College would suffer unjustifiable hardship in meeting the needs of your child.

Has your child been assessed as:

☐ ADD (hyperactivity ADHD) ☐ ADD (non-hyperactivity) ☐ Other behaviour disorder

☐ Vision impairment

☐ Hearing impairment

☐ Intellectual disability

☐ Speech and language disorder

☐ Autism

☐ Learning Difficulty (including Dyslexia, Dyspraxia)

☐ ESL (English as a second language)

☐ Other

If YES to any of the above, please attach all relevant documentation from specialists.

If YES, is there any relevant information not reported within the documentation?

DECLARATION OF ACCURACY

I/we hereby declare the statements and particulars made within this document are true and that we have not suppressed or misstated any material facts. I/we acknowledge that should any statements made in this document prove to be false or misleading, any decision made as a result of this initial application may be reversed.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

PRINT NAME

DATE

DATE

**THE SIGNATURES OF BOTH PARENTS (OR ALL GUARDIANS) ARE REQUIRED FOR THIS APPLICATION TO BE VALID.
IF THIS IS NOT POSSIBLE PLEASE CONTACT THE REGISTRAR.**

PLEASE COMPLETE THE CHECKLIST ON THE BACK PAGE.

PARENTAL OCCUPATIONAL GROUPS

GROUP 1: Senior management in large business organisation, government administration, defence and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation

Public service manager (Section head or above), regional director, health/education/police/fire services administrator

Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)

Defence Forces Commissioned Officer

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

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional

Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

GROUP 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)

Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)

Retail sales/service manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts/media/sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate professionals generally have diploma/technical qualifications and support managers and professionals **Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional Business/administration**

(recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)

Defence Forces senior Non-Commissioned Officer

GROUP 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a four year Trade Certificate, usually by apprenticeship

All tradesmen/women are included in this group

Clerks (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/ registry/ filling clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/ transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff

Office (secretary, personal assistant, desktop publishing operator, switchboard operator)

Sales (company sales representative, auctioneer, insurance agent/assessor/loss adjustor, market researcher)

Service (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)

GROUP 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)

Office assistants, sales assistants and other assistants

Office (typist, work processing/data entry/business machine operator, receptionist, office assistant)

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)

Assistant/aide (trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

Defence Forces ranks below senior NCO not included in previous groups

Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)

Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

CHECKLIST

☐ BOTH PARENTS (OR ALL GUARDIANS) HAVE SIGNED ON PAGES 7 AND 11

☐ ENCLOSED THE APPLICATION FEE

PROVIDED COPIES OF

☐ BIRTH CERTIFICATE

☐ SCHOOL REPORTS

☐ NAPLAN

☐ COURT ORDERS

POST THIS APPLICATION TO:
Enrolment Officer
Red Bend Catholic College
PO Box 312
FORBES NSW 2871

FOR MORE INFORMATION:
T. 02 6852 2000
E. enrolments@redbendcc.nsw.edu.au
W. www.redbendcc.nsw.edu.au

CONFIDENTIAL MEDICAL FORM

Day Student ☐Boarder ☐Name of Student

(Given Names)

(Surname)

Address Date of Birth Year Commencing Year Level Medicare Number Position on Card Expiry / Health Fund Member Number Pension Type Health Care Card Number Doctor Contact Number Orthodontist Contact Number Dentist Contact Number Other Health Professional Contact Number

EMERGENCY CONTACT DETAILS

Contact 1 (MOTHER) Name Address Telephone (H) (W) (M)Contact 2 (FATHER) Name Address Telephone (H) (W) (M)

PLEASE LIST SOMEONE OTHER THAN PARENTS

Contact 3 (OTHER) Name Relationship to student Telephone (H) (W) (M)

IMMUNISATION DETAILS

NB: IMMUNISATION CERTIFICATE to be attached for ALL new students.

This can be obtained by contacting Medicare or downloading from MyGov

CONFIDENTIAL MEDICAL FORM

CURRENT HEALTH CONCERNS

If your child suffers from any of the following please mark the box with an X

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Action Plan	<input type="checkbox"/> Attached
Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Action Plan	<input type="checkbox"/> Attached
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ODD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other - please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Irritation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<div style="border: 1px solid black; padding: 5px;"> Please elaborate on any condition and treatment required <hr/> <hr/> <hr/> </div>	
Counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

ALLERGIES

If your child suffers allergies from any of the following please mark the box with an X

Medications ☐ Food ☐ Insects ☐ Other ☐

Details of Allergy

Treatment

PAST ILLNESSES

If your child has ever had the following illnesses please mark box with an X

Anaemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glandular Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<div style="border: 1px solid black; padding: 5px;"> If YES please elaborate <hr/> <hr/> </div>		
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

MEDICATION CONSENT

The following non-prescription medications are held in the Health Centre for treatment of minor conditions and illness.

Please mark each box with an X AND INITIAL EACH MEDICATION if you authorise the Registered Nurse to administer the medication to your child if required

<input type="checkbox"/> Paracetamol _____	<input type="checkbox"/> Cold & Flu Tablets _____	<input type="checkbox"/> Mylanta _____
<input type="checkbox"/> Nurofen _____	<input type="checkbox"/> Throat Lozenges _____	<input type="checkbox"/> Stingoes _____
<input type="checkbox"/> Sudafed _____	<input type="checkbox"/> Difflam Gargle _____	<input type="checkbox"/> Savlon _____
<input type="checkbox"/> Buscopan _____	<input type="checkbox"/> Duro Tuss Elixer _____	<input type="checkbox"/> Betadine _____
<input type="checkbox"/> Naprogesic _____	<input type="checkbox"/> Ventolin _____	<input type="checkbox"/> Anti Inflammatory Cream _____

For the relief of minor allergies the following medications may be given. Please TICK AND INITIAL for each one

<input type="checkbox"/> Claratyne _____	<input type="checkbox"/> Phenergan _____	<input type="checkbox"/> Telfast _____
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CONFIDENTIAL MEDICAL FORM

If your child has any of the following please mark the box with an X

Wears glasses	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dietary concerns	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has difficulty hearing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Speech deficits	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special needs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Mental Illness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If YES to any of the above, please elaborate on condition and treatment required

Please detail any other Health Issues that the Health Centre staff should be aware of

Can your child participate in ALL sports (please tick) ☐ Yes ☐ No

If NO please specify which sport and why

Has your child had any operations or broken bones? (please tick) ☐ Yes ☐ No

If YES please elaborate

LIST all current medication - prescription and non-prescription taken by student

CONFIDENTIAL MEDICAL FORM

MEDICATION PROCEDURES

- Parents are requested to inform the Health Centre of any medications being taken by students:
- All medications taken during the school day should be stored in the Health Centre unless other arrangements are made with nursing staff.
- All medications administered by the school nurse will be recorded.
- In the event of injury or illness to the pupil necessitating urgent hospital and /or medical treatment including injections, blood transfusions, surgery and the like, and if the parent or guardian is not readily available to authorise such treatment, I authorise the Principal or, in his absence, a responsible member of the College staff, to give the necessary authority for such treatment without the College or such person incurring any legal liability to the parent or guardian or pupil in so doing. (In giving this permission I recognise the absolute importance of completing the medical form correctly and promptly and of informing the Principal of any change of medical condition of the student.)

PRESCRIPTION AND RESTRICTED MEDICATIONS:

- Assistance will be given by the school nurse in the administration of prescribed medication, when requested in writing by parents/guardians and as prescribed by the doctor.
- Assistance will be given by the school nurse in the administration of Restricted medication (such as Ritalin, Dexamphetamine) after receiving documentation from the doctor and parent.
- Instructions regarding changes to the original dosage of long term or restricted medication must be in writing from the doctor and parent/guardian.
- The school nurse may only administer or assist with the administration of any medication if the medication provided in its original container with label clearly displaying the students name and the required dosage.
- All medications will be stored in a locked cupboard in the Health Centre.

MEDICAL CONSENT

To: THE PRINCIPAL,

I/we: _____ (Parent/guardian – please print names)

Being the parent/guardian of _____ (please print name of student)

Consent to the administration of medications specified on page 2 of this form and any others as notified by me/us in writing as required and also provide the information as requested on pages 2 and 3 of this form.

I/we authorise you in the event of injury to or illness of our son/daughter (guardian), to follow the procedure(s) as outlined above of this consent.

I/we undertake to inform you of any changes to the information contained in this form as and when necessary. This consent shall remain valid unless withdrawn and notified by myself/us in writing to the school.

I/we agree to my child seeking help from the school counsellor should he/she request such help or should staff advise my child seek such help and the child agrees. Written instructions must be supplied to the Principal if you do not agree to this or if circumstances require a change to this consent.

Signed

Parent/Guardian 1

Parent/Guardian 2

Date

GIRLS' UNIFORM

Winter:

- College Blazer
- College kilt (design and pattern approved)
- Navy blue stockings (or navy blue full length sock)
- Black lace-up, polishable leather shoes with a heel. The shoe must cover the entire foot (College approved—not boots, slides, suede-type or slipper-type shoes/ballet flats)
- Long-sleeve blue shirt with College crest
- College Tie
- Blue College embroidered V-neck jumper
- Navy scarves are permitted
- The College sun protective hat for outdoor activities

Summer:

- Summer Dress (at least knee length)
- White knee high length socks that cover the calf
- Blue College embroidered V-neck jumper
- Black lace-up, polishable leather shoes with a heel. The shoe must cover the entire foot (College approved—not boots, slides, suede-type or slipper-type shoes/ballet flats)
- College cap/hat for outdoors activities

Sports:

- College approved tracksuit pants
- College Hoodie
- Navy Blue College shorts (plain without logos)
- Sky blue polo shirt with College emblem
- White socks or College representative sports socks.
- Lace-up joggers
- College cap/hat for outdoors activities
- Girls are not permitted to wear football shorts

General Appearance:

- Make-up and nail polish are not to be worn at school (nails should be short)
- Hair neat, tidy and out of the eyes; if below the collar needs to be tied up
- Hair should be a consistent colour that is acceptable to the Deputy Principal
- If a hair band or ribbon is worn, it must be blue or white
- Only blue or white T-Shirts may be worn under shirts
- No visible tattoos

Jewellery:

- No facial piercing
- Students may wear a single, simple neck chain, wrist watch, 1 simple bangle/bracelet, simple ring and one pair of sleepers or studs worn in the ear lobes only
- Excess jewellery will be given to the Student Services Office who will put it in a labelled envelope and it may be collected after one week.



NAME OF STUDENT: _____

SIGNED: _____ SIGNED: _____
Parent/Guardian Student

RED BEND CATHOLIC COLLEGE

BOYS' UNIFORM

Winter:

- College Blazer
- College grey trousers (not drill or Levi trousers)
- Grey College or plain black socks (not football socks)
- Black lace-up, polishable leather shoes with a heel. The shoe must cover the entire foot (College approved—not boots or suede-type shoes)
- Long-sleeve blue shirt with College crest
- College tie
- Blue College embroidered V-neck jumper
- Black belt
- College cap/hat for outdoors activities



Summer:

- Grey College approved shorts
- White socks or College representative sports socks
- Black lace-up, polishable leather shoes with a heel. The shoe must cover the entire foot
- Blue shirt with Crest
- Blue College embroidered V-neck jumper
- College cap/hat for outdoors activities

Sports:

- College approved tracksuit pants
- College Hoodie
- Navy Blue College shorts (plain without logos)
- Sky blue polo shirt with College emblem
- White socks or College representative sports socks
- Lace-up joggers
- College cap/hat for outdoors activities

General Appearance:

- Clean shaven.
- Hair neat, tidy and of an acceptable style that is acceptable to the Deputy Principal.
- Hair needs to be above the collar and out of the eyes.
- Hair cuts should be no shorter than a Number 2
- Hair should be a consistent colour that is acceptable to the Deputy Principal.
- No rat's tails or under cuts.
- Only blue or white T-Shirts may be worn under shirts
- No visible tattoos

Jewellery:

- No facial piercing
- Students may wear a single, simple neck chain, wrist watch, simple ring and one pair of sleepers or studs worn in the ear lobes only.
- Excess jewellery will be given to the Student Services Office who will put it in a labelled envelope and it may be collected after one week.

NAME OF STUDENT: _____

SIGNED: _____ SIGNED: _____
Parent/Guardian Student