



Sinai College 2020 ENROLMENT FORM

CHILD INFORMATION

Surname:							
Given Names:							
Hebrew Name(<i>if applicable</i>):							
Gender:	Male						Female
Religion / Faith:							
Residential Address:							
Postal Address							
Commencing in Class:	Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6
Date of Birth:							
Child Reference Number (Centrelink / Family Assistance Office):							

Previous Schools Attended		
Name of School or Childcare Centre	Year Attended (eg 2017)	Class (eg Year 3)

Siblings	



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PARENT INFORMATION

Parent 1		
Biological Mother	Step Mother	Legal Guardian
Full Name:		
Hebrew Name (if applicable):		
Religion / Faith:		
Residential Address:		
Postal Address:		
Email Address:		
Mobile Phone Number:		
Alternative Phone Number:		
Medicare Number:		
Country of Birth:		
Citizen Status:	Australian Citizen Permanent Resident Visa Other	



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Parent 2		
Biological Father	Step Father	Legal Guardian
Full Name:		
Hebrew Name (if applicable):		
Religion / Faith:		
Residential Address:		
Postal Address:		
Email Address:		
Mobile Phone Number:		
Alternative Phone Number:		
Medicare Number:		
Country of Birth:		
Citizen Status:	Australian Citizen Permanent Resident Visa Other	



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MEDICAL INFORMATION

Doctors Name:		
Doctors Address:		
Doctors Phone Number:		
Child's Medicare Number:		
Is Immunisation up to date?	Yes (provide current Record)	No
Is your child at risk of anaphylaxis?	Yes (provide Anaphylaxis Plan)	No
Is your child asthmatic?	Yes (provide Asthma Action Plan)	No
Are there any known allergies?	Yes (provide details)	No
Does your child require regular medication?	Yes (provide details)	No



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MEDICAL INFORMATION

Has your child received, or is currently receiving:	Behavioral support	Yes	No
	Social / Emotional support	Yes	No
	Autism / ASD support	Yes	No
	Speech / Language support	Yes	No
	Visual support	Yes	No
	Hearing support	Yes	No
	Autism Spectrum	Yes	No
	Occupational Therapy	Yes	No
If yes, please provide details:			
Has your child had any serious illnesses, accidents or hospitalization?	Yes	No	
Are there any other medical conditions the school needs to be informed about?	Yes	No	
If yes, please provide details:			



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MEDICAL TREATMENT

In the event of an emergency, do you authorise Sinai staff to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes	No
In the event of an emergency, do you authorise Sinai staff to arrange for your child to be transported to hospital in an ambulance?	Yes	No
Panadol Administration: Do you give permission for Sinai staff to administer one (1) emergency dose of Children's Panadol in the event of my child becoming ill at school?	Yes	No

AUTHORISATION

Do you give permission for your child to travel on the Sinai College bus to and from school activities?	Yes	No
Do you give permission for your child's photograph or an audio visual recording of your child (including their first name and age), be taken and used for display in the college classrooms and school magazine? Images may also appear in the media (local newspaper, Shalom and the official Sinai College Facebook page and website).	Yes	No
Do you agree that a university / practicum student may attend Sinai College for training purposes? This student may observe your child for training purposes under the guidance of Sinai College teachers and following correct ethical practices.	Yes	No
Do you give permission to Sinai College staff to apply 30+ sunscreen to your child prior to exposure to the sun?	Yes	No
Do you authorise Sinai College staff to take your child on organized school outings?	Yes	No



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EMERGENCY CONTACTS

Name of Emergency Contact:	
Address of Emergency Contact:	
Relationship to Child:	
Mobile Phone Number:	
Signature of Emergency Contact:	

Name of Emergency Contact:	
Address of Emergency Contact:	
Relationship to Child:	
Mobile Phone Number:	
Signature of Emergency Contact:	

Name of Emergency Contact:	
Address of Emergency Contact:	
Relationship to Child:	
Mobile Phone Number:	
Signature of Emergency Contact:	

Please note:

Emergency contacts are required to provide a signature for verification purposes and may be asked to produce a photo ID when collecting your child.



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CUSTODY / COURT ORDER

Is there a custody arrangement / court order in place affecting this child? If yes, please provide a copy.	Yes	No
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DECLARATION

I declare the information I have provided in this form is true and accurate at the time of completion. If changes occur, I will notify the school in writing as soon as possible.

I have attached copies of the following documents:

Birth Certificate	Custody / Court Order
Visa details	Immunisation Record
Anaphylaxis Action Plan	Asthma Action Plan

Parent 1	Parent 2
Name:	Name:
Signature:	Signature:
Date:	Date:

Any personal information will be stored, used and disclosed in accordance with the requirements of the *Privacy Amendment Act 2001*

Date Received:	Received By:	Forms Attached:
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