



## Hillvue Public School - Extended Transition to School Program

### Information Form

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male Female

Siblings / Children related to at Hillvue Public School \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Carer (1) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Carer (2) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (1) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

#### Health Details (please tick)

Medical Needs\_\_\_ Asthma\_\_\_ ADD/ADHD\_\_\_ Diabetes\_\_\_ Epilepsy\_\_\_ Other \_\_\_

Please record details (time of medication / puffer required / asthma plan attached etc.)

\_\_\_\_\_

#### Allergies (please list - food/non-food related allergies)

\_\_\_\_\_

Have they attended any Early Childhood Education and Care Yes/No Number of days per week \_\_\_

Name of Service \_\_\_\_\_

#### Other relevant information:

\_\_\_\_\_

\_\_\_\_\_

Permission to publish (please tick)  I give permission  I do not give permission

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY - 1. Enrolment Form \_\_\_ 2. Birth Certificate \_\_\_ 3. Immunisation Certificate \_\_\_ 4. Proof of Address \_\_\_