

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 ___