

Student's Full Name: \_\_\_\_\_ Year Level: \_\_\_\_\_



# STUDENT INFORMATION BOOKLET

Please return completed booklet to APGS FRONT OFFICE

**DUE DATE: Week 2 of Term 1**

## STUDENT CONTACT DETAILS

Please fill in all details for the school's records. If there is no information to be disclosed in any field please fill the field with "N/A" or put a line through the field, to confirm you have acknowledged the field but have no information to disclose. It is your responsibility to immediately inform the school in writing should any of the details given below change.

<b>GIVEN NAMES</b> <i>as per passport/birth certificate</i>	<b>SURNAME</b> <i>as per passport/birth certificate</i>
D.O.B (DD/MM/YYYY):	FIRST LANGUAGE:
EMAIL ADDRESS:	MOBILE NUMBER:
Student origin:    Aboriginal <input type="checkbox"/> Torres Strait <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>	

### **Emergency Contact People (first point of contact in an emergency - can include parents)**

	Full Name	Relationship to student	Mobile Phone #	Home #.
CONTACT 1				
CONTACT 2				
CONTACT 3				

### **Contact Details & Living Arrangements**

<b>Primary Contact Name:</b>	<b>Relationship to Student:</b>
Address:	D.O.B (DD/MM/YYYY):    /    /
Mobile:	Home Phone:
Work Phone:	Email Address:
<b>Secondary Contact Name:</b>	<b>Relationship to Student:</b>
Address:	D.O.B (DD/MM/YYYY):    /    /
Mobile:	Home Phone:
Work Phone:	Email Address:

**Family Status:**  living with one parent (please circle Mum / Dad)     living with both parents     living with guardian

**Please Specify any specific details of living arrangements if required:** \_\_\_\_\_

### **ADDRESS – SCHOOL TERM MAIN RESIDENTIAL ADDRESS**

Street No & Name				
Suburb		State		Postcode
Mobile			Home phone	

**POSTAL ADDRESS:** Same as Main Residential Address #1

Street No.& Name					
Suburb		State		Postcode	

## MEDICAL INFORMATION

### DOCTOR CONTACT DETAILS

Doctor's Name					
Street No.& Name					
Suburb		State		Postcode	
Mobile		Phone			
Medicare No.		Medical/Hospital Insurance Fund		Contribution No.	

### PERMISSION FOR PANADOL TO BE ADMINISTERED:

I, \_\_\_\_\_ parent/guardian of (student's full name) \_\_\_\_\_ of Year \_\_\_\_\_ give permission for my child/ward to be administered with Panadol (as per the standard dosage) by an APGS staff member should the occasional need arise.

Signed (parent/guardian) \_\_\_\_\_ Dated: \_\_\_\_\_

### PERMISSION FOR EMERGENCY MEDICINES TO BE ADMINISTERED WHILE AT SCHOOL

It is your responsibility to deliver to the front office any emergency medicines your child requires. Place the emergency medicine into a clear plastic zipper bag. Clearly mark the bag with your child's name, DOB, type of medicine, expiry date of medicine, any special handling instructions, dosage of medicine required & symptoms/conditions which would be present when required to take the medicine.

Medicine	Details of instances when & how medicine should be administered. <b><u>(PLEASE INCLUDE ANY ALLERGIES &amp; THEIR SYMPTOMS)</u></b>

*(Please attach another sheet of paper if space provided is insufficient)*

I, \_\_\_\_\_ parent/guardian of (student's full name) \_\_\_\_\_ of Year \_\_\_\_\_ give permission for APGS staff members to administer the above medication/medications to my child when my child presents with the symptoms/conditions outlined in the table above, so long as the medication/medications provided by me to the school is/are within the expiry date.

Signed (parent/guardian) \_\_\_\_\_ Dated: \_\_\_\_\_

**PERMISSION FOR SUPPORT TO BE ADMINISTERED FOR ONGOING HEALTH/MEDICAL ISSUES**

Details of Health/Medical Issue. <b><u>(PLEASE INCLUDE ANY ALLERGIES &amp; THEIR SYMPTOMS)</u></b>	How can we help at school to support your child's needs?

*(Please attach another sheet of paper if space provided is insufficient)*

I \_\_\_\_\_, parent/guardian of (student's full name) \_\_\_\_\_ of year \_\_\_\_ give permission for APGS staff members to administer the above medication/medications to my child when my child presents with the symptoms/conditions outlined in the table above, so long as the medication/medications provided by me to the school is/are within the expiry date.

(parent/guardian) \_\_\_\_\_ Dated: \_\_\_\_\_

Signed \_\_\_\_\_

**PARENT BACKGROUND INFORMATION**

<p><b>Mother/Guardian 1:</b> _____</p> <p>(Please tick one answer per category)</p> <p><b>1. Highest level of school completed:</b></p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Other</p> <p><b>2. Post school education</b></p> <p><input type="checkbox"/> Bachelor degree or above</p> <p><input type="checkbox"/> Advanced diploma/Diploma</p> <p><input type="checkbox"/> Certificate I to IV (including trade certificate)</p> <p><input type="checkbox"/> Other</p> <p><b>3. Category of present occupation</b></p> <p><input type="checkbox"/> Senior management</p> <p><input type="checkbox"/> Other business manager, arts/media/sportspersons and associate professionals</p> <p><input type="checkbox"/> Tradesman/woman, clerks, sales and service staff</p> <p><input type="checkbox"/> Machine operators, hospitality staff, assistants, laborers and related workers</p> <p><input type="checkbox"/> Not in paid work    <input type="checkbox"/> Not Stated/Unknown</p> <p><b>4. Main language other than English spoken at home:</b></p> <p>_____</p> <p>Mother/Guardian1: Signature _____</p> <p>Date ____ / ____ / ____</p>	<p><b>Father/Guardian 2:</b> _____</p> <p>(Please tick one answer per category)</p> <p><b>1. Highest level of school completed</b></p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Other</p> <p><b>2. Post school education</b></p> <p><input type="checkbox"/> Bachelor degree or above</p> <p><input type="checkbox"/> Advanced diploma/Diploma</p> <p><input type="checkbox"/> Certificate I to IV (including trade certificate)</p> <p><input type="checkbox"/> Other</p> <p><b>3. Category of present occupation</b></p> <p><input type="checkbox"/> Senior management</p> <p><input type="checkbox"/> Other business manager, arts/media/sportspersons and associate professionals</p> <p><input type="checkbox"/> Tradesman/woman, clerks, sales and service staff</p> <p><input type="checkbox"/> Machine operators, hospitality staff, assistants, laborers and related workers</p> <p><input type="checkbox"/> Not in paid work    <input type="checkbox"/> Not Stated/Unknown</p> <p><b>4. Main language other than English spoken at home</b></p> <p>_____</p> <p>Father/Guardian2: Signature _____</p> <p>Date ____ / ____ / ____</p>
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