MERCY COLLEGE

MISERICORDIA

Inspiring Futures Together

"For I know the plans I have for you," declares the Lord... "plans to give you hope and a future"
Jeremiah 29:11

Student Individual Needs Details

The identification of additional support needs will not affect the enrolment decision however a full discussion is encouraged to enhance the school's ability to plan and support their child

Student Surname:		
First Name:	Preferred Name:	
Address:		
	State:	Postcode:

The School Education Act 1999 requires the provision of:

16. Information required when applying to enrol

G… " details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee or other persons in the school" (16G)

The Disability Standards for Education 2005 https://www.education.gov.au/disability-standards-education-2005

4.2 Enrolment standards (1) The education provider must take reasonable steps to ensure that the prospective student is able to seek admission to, apply for enrolment in, the institution on the same basis as a prospective student without a disability, and without experiencing discrimination.

To assist the school to respond to individual requirements please detail any additional needs your child has in the following area(s) that may affect his/her learning, participation, or welfare during school hours.

1. Medical/Health Care/Allergies ☐
2. Asthma ☐
3. Epipen ☐
4. Physical ☐
5. Learning ☐
6. Socio-emotional ☐
7. Sensory Needs (e.g. Vision/Hearing) ☐
8. Communication Needs ☐
9. Self-Care ☐
10. Specialist Reports ☐
11. Any other relevant medical or learning needs ☐

If you ticked a box please provide more information:

EXTERNAL SERVICE PROVISION

Does your child receive any services from an external agency? Yes ☐ No ☐

If **Yes**, please provide more details:

Name of service provider
Contact Number

MEDICAL INFORMATION

(Application to an imminent enrolment commencement)

IMMUNISATION RECORD

F - Fully immunised **N** - Not immunised **I** - Incomplete immunisation **P** - Personal Objections

Measles ☐ Mumps ☐ Rubella ☐ Diphtheria ☐

Tetanus ☐ Hepatitis B ☐ Pertussis (Whooping Cough) ☐ Polio (OPV) ☐

Australian Immunisation record attached (not more than 2 months old): Yes ☐ No ☐

Family Doctor/Medical Clinic:	
Address:	
Contact Numbers:	
Medicare Number:	
Individual Reference Number:	Expiry:

MEDICAL EMERGENCY AUTHORISATION

(Application to an imminent enrolment commencement)

I acknowledge that the school/college will seek medical/dental attention, call an ambulance or hospitalise my child when considered reasonable as part of its duty of care to students.

Signature of Parent(s)/Guardian(s)

PARENT, CARER OR GUARDIAN		DATE
PARENT, CARER OR GUARDIAN		DATE