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Application for Enrolment (Sibling)

Please use the attached pages to apply for your child to join their sibling/s at MDCS.

In addition to the information contained in these forms, copies of Birth Certificates, School Reports, Immunisation History and Details of Court Orders also form part of your application. Please use the checklist below to ensure that a complete application is submitted. MDCS administrative staff will be pleased to assist with copying of original documents.

Checklist (for each student):

- All Forms Filled Out
- Copy of Birth Certificate
- Copy of Immunisation Record or Conscientious Objection
- Copy of 2 Most Recent School Reports & NAPLAN (if available)
- Copy of Court Orders relating to Custody (if applicable)

Declaration

We/I acknowledge that all of the information supplied in this application is true and correct at the time of signing.

Father / Parent / Guardian 1 Name: _____

Father / Parent / Guardian 1 Signature: _____ Date: _____

Mother / Parent / Guardian 2 Name: _____

Father / Parent / Guardian 2 Signature: _____ Date: _____

Privacy Information:

MDCS collects personal information from its students and families when it is deemed appropriate. The primary purpose of collecting this information is to enable MDCS to carry out its duty of care for your child. This information is solely for the purpose for which it is obtained and will be disclosed to Staff at MDCS. Any questions in relation to the collection, use, disclosure, and retention of health or personal information collected by MDCS can be directed to the MDCS Privacy Officer.

Student Details

<p>Surname:</p> <p>Given Name:</p> <p>Second Name:</p> <p>Preferred Name:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Date of Birth:</p> <p>Place of Birth:</p> <p>Country of Birth:</p> <p>Nationality:</p> <p>Main Language spoken at Home:</p>
<p>Home Address (if different from parents’):</p>	<p>Home Telephone (if different from parents’):</p> <p>Mobile Telephone (if applicable):</p>
<p>Aboriginal / Torres Strait Islander descent?</p> <p><input type="checkbox"/> Neither</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander</p>	<p>Enrolment Details:</p> <p>Current Year Level:</p> <p>Enrolment Sought at MDCS for Year Level:</p> <p>In Calendar Year:</p> <p>Office Use Only</p> <p>Class Group:</p>
<p>Please list previous Schools / Preschools:</p> <p>1. Year Levels:</p> <p>2. Year Levels:</p> <p>3. Year Levels:</p>	<p>Custody / Guardianship:</p> <p>Student resides permanently with:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p>Student resides occasionally with:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father</p>
<p>Are there any current Court Orders or Restraining Orders that relate to this child?</p> <p><input type="checkbox"/> Yes (please supply copies of these documents)</p> <p><input type="checkbox"/> No</p>	

Student Background Information

The following background information is requested for the purpose of best evaluating how MDCS can meet the educational, learning, and physical needs of your child.

Has your child been diagnosed with, or do they experience, any of the following conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavioural Problems |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Speech Disorder or Delay | |

Has your child been assessed by any of the following professionals within the past 2 years: Psychologist, Speech Pathologist, Audiologist, Psychiatrist, Occupational Therapist, Counsellor?

- Yes No

If yes, please provide copies of these reports with your application where possible.

Does your child currently receive any integration or learning support? Please give details.

Please tell us about your child's perceived strengths, interests, and aptitudes. Include information about extension work they may currently be receiving.

Has your child been diagnosed with any of the following medical conditions?

- Asthma (Please list known 'triggers' _____)
- Allergies (Please list allergens _____)
- Anaphylaxis (If yes, do they have an 'Anaphylaxis Management Plan'? _____)
- Visual Impairment
- Hearing Impairment
- Diabetes
- Epilepsy
- Other Condition (Give details _____)

Is there anything else you regard as important for MDCS to know about your child that impacts on their learning, care, or participation in physical activities?



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