



THE MURRI SCHOOL

THE ABORIGINAL AND INDEPENDENT COMMUNITY SCHOOL

1277 Beaudesert Rd, Acacia Ridge QLD 4110 ph: (07) 3255 6133 e: aiicsinfo@murrishool.qld.edu.au

STUDENT DETAILS FORM

STUDENT INFORMATION

Date of Birth ___/___/___ Enrolling Year Level _____

Students Full Name _____

Preferred Name _____

Gender Male Female Other _____

Birth Certificate Yes No Notes _____

RESIDENTIAL INFORMATION

Residential Adress, if different to parent/care provider details _____

Suburb _____ Postcode _____

In which country was the student born Australia Other _____

VISA Sighted Yes No Notes _____

INDIGENOUS STATUS

Aboriginal Torres Strait Islander Both Neither Other _____

Is English your primary language: Yes No Other _____

PREVIOUS SCHOOL HISTORY

School _____ Yr. Level _____ Date last attendance _____

School _____ Yr. Level _____ Date last attendance _____

Reason for leaving last know school _____

School Reports Attached Yes No _____

TRANSPORT

Is school transport required to pick up and drop off your child? No Yes (A small fee is applicable)

Names of brothers and sisters attending this school _____

LEGAL ISSUES AFFECTING STUDENT

Are there any legal issues concerning the student No Yes

Court Orders Child Protection D.V.O

Supporting Documents must be provide Attached Pending

Notes _____

Are there any limitations on contact between the student and a parent or another person No Yes

Supporting Documents must be provided Attached Pending

Notes _____

MEDICAL

Does the student have a diagnosed learning or other disability No Yes

Nature of disability _____

Please indicate if your child has any of the following disabilities or conditions that affect student, copies of this documentation would be very helpful for the school when planning work.

- | | |
|--|--|
| <input type="checkbox"/> Mental Helth Issues e.g. depression/anxiety | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Past Trauma e.g. Domestic Violence | <input type="checkbox"/> Global Development Delay (Prior to age 6) |
| <input type="checkbox"/> Speech/Language Disability | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Speech/Language Disability | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability _____ |

Does the student have a medical condition or intensive health care needs

- | | |
|---|--|
| <input type="checkbox"/> Allergy - Anaphylaxis _____ | <input type="checkbox"/> Seizure Disorder _____ |
| <input type="checkbox"/> Allergy _____ | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Needs _____ |
| <input type="checkbox"/> Diagnosed Migraine/Headaches | <input type="checkbox"/> Other _____ |

Supporting Documents must be provided Attached Pending

Notes _____

PARENTAL SIGNATURE

In signing this enrolment form you and your child are agreeing to abide by the rights and responsibilities of the school, as outlined in the school handbook, and you are agreeing to abide by the schools' policies and procedures.

Main Parent / Care Provider _____ Date ____/____/____

Second Parent/Care Provider _____ Date ____/____/____
(If applicable)

