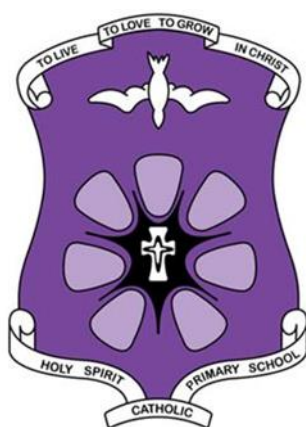


# HOLY SPIRIT CATHOLIC PRIMARY SCHOOL

## *Application for Enrolment*



Student Name: \_\_\_\_\_

**When completed please return to:**

The Principal

Holy Spirit Catholic Primary School, PO Box 40030, Casuarina NT 0811

Telephone: (08) 8927 3411 | Facsimile: (08) 8927 9971

[admin.holyspirit@nt.catholic.edu.au](mailto:admin.holyspirit@nt.catholic.edu.au) | Website: [www.holyspiritnt.catholic.edu.au](http://www.holyspiritnt.catholic.edu.au)

Office use only:

Enrolment: Approved / Declined	Date of Application:	Date Interviewed:
Student No.	Start Date:	Academic Year Level:
Roll Group:	Debtor 1 ID:	Debtor 2 ID:
House:	DOB:	

**The following information must be submitted with the enrolment application:**

- ☐ A copy of your Child's birth certificate
- ☐ Latest Academic Report.  
An interview will not be conducted until reports are received.
- ☐ Immunisations records (can be provided by Medicare)
- ☐ Copies of reports completed by a health or education specialist – if applicable
- ☐ Custody/Guardianship (relevant documentation - see enrolment form).
- ☐ Passport and Visa Documentation – if applicable
- ☐ Baptismal certificate (if available).
- ☐ Completed OSHC (Out of School Hours Care) application form

## SECTION A Student Information

### 1. Legal Name Surname or family name

Given Name/s

Preferred given name

### 2. Email Address

### 3. Gender Male Female

☐☐

### 4. Date Of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

### 5. Place of Birth

### 6. In which Country was the student born?

<input type="checkbox"/>	Australia	<input type="checkbox"/>	Other – Please specify	<input type="text"/>
--------------------------	-----------	--------------------------	------------------------	----------------------

### 7. Residential Status

<input type="checkbox"/>	Australian Citizen <i>(go to Nationality)</i>	<input type="checkbox"/>	Resident	<input type="checkbox"/>	Overseas
--------------------------	---	--------------------------	----------	--------------------------	----------

Date of Arrival

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Copy of Visa *(attached)*

☐

Nationality

### 8. Indigenous status. Is the student of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>	Both Aboriginal and TSI
--------------------------	----	--------------------------	-----------------	--------------------------	-----------------------------	--------------------------	-------------------------

### 9. Does the student speak a language other than English at home?

*(if more than one language, indicate the one that is spoken most often)*

<input type="checkbox"/>	No, English	<input type="checkbox"/>	Yes – Please specify	<input type="text"/>
--------------------------	-------------	--------------------------	----------------------	----------------------

### 10. Year level in which student is enrolling

<input type="checkbox"/>	TR	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
--------------------------	----	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---

Date of Commencement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Has student attended Holy Spirit Catholic Primary School previously?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes – please give dates/years attended	<input type="text"/>
--------------------------	----	--------------------------	--	----------------------

### 11. Previous School

### 12. Are there any special family circumstances? (e.g. Single parent/dual custody/foster care/access restrictions)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, supporting legal documents- attached	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
--------------------------	----	--------------------------	---	--------------------------	----	--------------------------	-----

**13. Other family currently enrolled or enrolling at a Catholic School in the Northern Territory?**

Surname	Name	Name of School	Year Level

## 14. Religion

## 15. Sacraments

sacraments	Dates								Parish
Baptism	D	D	M	M	Y	Y	Y	Y	
Communion	D	D	M	M	Y	Y	Y	Y	
Reconciliation	D	D	M	M	Y	Y	Y	Y	
Confirmation	D	D	M	M	Y	Y	Y	Y	

## SECTION B Family Information

This information refers to parents residing at the same address as the student. For parent/guardian not residing at the same address please complete *Section C Alternative Family Information*

### MOTHER / PARENT 1/ GUARDIAN 1

#### 16. Relationship to student

#### 17. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given Names

Surname or Family name

Occupation

Nationality

Country of Birth

#### 18. Does parent/guardian 1 speak a language other than English at home?

(if more than one language, indicate the one that is spoken most often)

☐ No ☐ Yes, Other – please specify

#### 19. Religion

#### 20. Employer

#### 21. Business phone

#### 22. Mobile phone

### FATHER / PARENT 2/ GUARDIAN 2

#### Relationship to student

#### Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given Names

Surname or Family name

Occupation

Nationality

Country of Birth

#### Does parent/guardian 1 speak a language other than English at home?

(if more than one language, indicate the one that is spoken most often)

☐ No ☐ Yes, Other – please specify

#### Religion

#### Employer

#### Business phone

#### Mobile phone

**23. Email****Email****24. Sole Parent**☐

No

☐

Yes

**Sole Parent**☐

No

☐

Yes

**25. Does the student come from an Australian Defence Family?**☐

No

☐

Yes – please specify

☐

Army

☐

Navy

☐

Airforce

**26. Family Parish****27. Family Medicare Number**

Child's Reference no.

**28. Health Care Card**☐

No

☐

Yes

**Expiry Date****29. Family Address details***((for parent/guardian not residing at the same address please complete Section C Alternative Family Information))*

The child lives at this address

☐

Permanently

☐

Occasionally

**30. Residential Address**

Mailing Title (e.g. Mr &amp; Mrs D Smith)

Street number and name

Suburb / Town

State and Postcode

Home telephone number

**31. Postal / Billing address** *(please leave blank if same as residential address)*

Street number and name or post office box

Suburb / Town

State and postcode

## SECTION C Alternative Family Information

This information is required if the student resides with an alternative family during the school term

### MOTHER / PARENT 1/ GUARDIAN 1

#### 32. Relationship to student

#### 33. Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given Names

Surname or Family name

Occupation

Nationality

Country of Birth

#### 34. Does parent/guardian 1 speak a language other than English at home?

*(if more than one language, indicate the one that is spoken most often)*

☐ No ☐ Yes, Other – please specify

#### 35. Religion

#### 36. Employer

#### 37. Business phone

#### 38. Mobile phone

### FATHER / PARENT 2/ GUARDIAN 2

#### Relationship to student

#### Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Given Names

Surname or Family name

Occupation

Nationality

Country of Birth

#### Does parent/guardian 1 speak a language other than English at home?

*(if more than one language, indicate the one that is spoken most often)*

☐ No ☐ Yes, Other – please specify

#### Religion

#### Employer

#### Business phone

#### Mobile phone

**39. Email****Email****40. Sole Parent**☐

No

☐

Yes

**Sole Parent**☐

No

☐

Yes

**41. Copy of student reports**☐

No

☐

Yes

**Copy of student reports**☐

No

☐

Yes

**42. Family residential address details**

Mailing Title (e.g. Mr &amp; Mrs D Smith)

Street number and name

Suburb / Town

State and Postcode

Home telephone number

**43. Postal / Billing address** *(please leave blank if same as residential address)*

Street number and name or post office box

Suburb / Town

State and postcode



## Amendment of Fees Responsibility – Split Billing

☐ An existing account arrangement is already in place

### Revised and New Account Arrangements

Please enter the percentage amounts, which must total 100%, which both parties agree to be responsible for:

Mother/Guardian  %

Father/Guardian  %

To apply to:  Current balance  and/or future charges

Are there any court orders in place regarding the payment of fees  No  Yes (*attach copy*)

It is the practice of Holy Spirit Catholic Primary School that, until written advice is received by the Finance Department via the completed and signed 'Amendment of Fee Responsibility – Split Billing' form, no changes will be made to existing information in relation to any fee account. Where both parents are presently responsible for the fee accounts, they will remain jointly and severally responsible for the fee account. All fee correspondence will continue to be issued to existing names, at the new postal address(es) of those concerned.

As at the date of receiving the completed form, the fee payers' account will be split between both parents in accordance with the details in the form, if it has been signed by all parties concerned.

If a percentage has not been nominated, the future charges will be split 50/50 between both parents.

The parents will become separately responsible for the entire balance of any outstanding fees and charges as at the date of the re-allocation of the joint fee account. This is unless other arrangements have been formally agreed upon between the parents and written advice provided to the School's Finance Department.

Details of your current account balance and payment details can be provided to you by contacting the Finance Department on 08 89273411 or [finance.holyspirit@nt.catholic.edu.au](mailto:finance.holyspirit@nt.catholic.edu.au). The School cannot provide information about any account that a parent/guardian is not responsible for, unless written approval by the person(s) responsible for the account has been provided.

In circumstances where the School has been authorised to set up a Direct Debit arrangement for the periodic payment of fees from an account held jointly, the School will continue to process these periodic payments until advised otherwise.

It is the responsibility of either parent to advise the Finance Department at least one working day prior to the next scheduled periodic payment if this Direct Debit arrangement is to be cancelled. This notification should be provided in writing to the Finance Department.

If any fees are incurred by the School as a result of periodic payments being stopped by the Bank, the School may pass these fees onto the joint fee payers' account.

All costs associated with the collection of overdue accounts but not limited to professional collection costs, legal fees and disbursements will be recoverable by the school in addition to the overdue amount and any interest charged.

Mother / Guardian signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Father / Guardian signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## SECTION D Parent/Guardian Background Information

The following information is required by the Australian Government and must be completed. It is used to measure the achievements of students from various backgrounds for national reporting. Individuals are not identified.

### 44. What is the highest year of primary or secondary school the parents/guardians have completed?

*Mark only one box. For persons who have never attended school, mark 'Year 9 or equivalent or below'.*

MOTHER / PARENT 1/ GUARDIAN 1

☐

Year 12 or equivalent

☐

Year 11 or equivalent

☐

Year 10 or equivalent

☐

Year 9 or equivalent or below

FATHER / PARENT 2/ GUARDIAN 2

☐

Year 12 or equivalent

☐

Year 11 or equivalent

☐

Year 10 or equivalent

☐

Year 9 or equivalent or below

### 45. What is the level of the highest qualification the parents/guardians have completed?

MOTHER / PARENT 1/ GUARDIAN 1

☐

Bachelor degree or above

☐

Advanced diploma/diploma

☐

Certificate I to IV (including trade certificate)

☐

No non-school qualification

FATHER / PARENT 2/ GUARDIAN 2

☐

Bachelor degree or above

☐

Advanced diploma/diploma

☐

Certificate I to IV (including trade certificate)

☐

No non-school qualification

The following questions refer to the parental occupation group. Please select the appropriate parental occupation from the list on the following page. If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid working the last 12 months, enter '8' in the box below.

### 46. Occupation group

MOTHER / PARENT 1/ GUARDIAN 1

FATHER / PARENT 2/ GUARDIAN 2

## List of Parental Occupation Groups

### Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

**Senior executive/manager/department head** in industry, commerce, media or other large organisation  
**Public service manager** (section head or above), regional director, health/education/police/fire services administrator  
**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]  
**Defence Forces** Commissioned Officer

**Professionals** Generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional

**Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

**Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

### Group 2: Other business managers, arts/media/sportspersons and associate professionals

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business  
**Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]  
**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]  
**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]  
**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces** Senior Non-Commissioned Officer

### Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

**Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

**Skilled office, sales and service staff**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

**Drivers, mobile plant, production/processing machinery and other machinery operators**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants.**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, store man, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

## SECTION E Parental Consent

### 47. Consent to medical attention

In the event of illness or injury requiring urgent medical treatment I consent for medical and/or hospital attention to be sought. Parents' emergency contact will be contacted immediately in these events. If prescription / medication is required to be administered, it is sent to school with the student, accompanied with a note giving details of dosage and permission for School staff to administer medication.

☐ No

☐ Yes

### 48. Consent for publication of photographs and student work

From time to time, photographs or videos of students and their learning are taken in school or at places where the students are involved in an excursion or activity. These photos/images/videos may be used in class activities or could be published by the School and Catholic Education Office (CEO), school magazines, newsletters, displays, journals, professional development materials for teachers, or on the School and/or CEO web site. In addition, student work is also published from time to time.

(Please tick)

☐ **Publications** I/We give consent for my child's photos / images / videos taken during School activities to be published by the School and CEO, school magazines, newsletters, displays, journals, professional development materials for teachers. In addition, I consent to my child's work being published from time to time in these publications.

☐ **Websites** I/We give consent for my child's photos / images / videos taken during School activities to be published on the School and/or CEO web site. In most circumstances the images will not include any personal information regarding the student's identity. In addition, I consent to my child's work being published from time to time on these websites.

☐ **Social Media** I/We give consent for my child's photos / images / videos taken during School activities to be published on the School Facebook Page.

Parent/Guardian signature

Parent/Guardian signature

### 49. Student Digital Technology Acceptable Usage Agreement

The use of digital devices and points of access to e-mail and Internet services at Holy Spirit Catholic Primary School is provided to students in order to support their educational needs. These digital devices and services are educational tools and must be used in a responsible manner.

To have access to Digital Technologies at Holy Spirit Catholic Primary School the agreed practices below need to be followed

Holy Spirit Catholic Primary School uses NT Schools Internet protocols and securities.

#### Student Agreement

Using Digital Technologies at school is a privilege. I have conditions to follow, which are for the safety and privacy of myself and others.

**I will:**

- Use the internet and Digital Technologies equipment demonstrating 'Catholic Ethos'.
- Treat the school's Digital Technologies equipment with care and use it responsibly for educational purposes.
- Behave in an ethical manner when using digital devices when accessing resources, communicating and interacting with others.
- Use the computers and Internet as instructed by my teacher(s).
- If I find inappropriate material, turn off the monitor and then tell my teacher or another adult immediately.

- Publish work and send emails using language I know is acceptable in my school.
- Tell the teacher if I receive a message that makes me feel uncomfortable.
- Respect the privacy of all computer users at school by correctly using passwords, and opening only my own work and emails.

**I will not:**

- Pretend to be another person when communicating on the Internet.
- Break copyright law by copying and/or using another person's work (without reference).
- Write or send messages that would make another person feel uncomfortable.
- Pass on information with or about inappropriate material to other students.
- Misuse the Internet or encourage others to do so.
- Download or install any software or store files on my school's computer facilities without the permission of a teacher.
- Access a social media site on any device at school without the permission of a teacher.
- Upload any images of other members of the school community without their permission.
- Upload any images of myself or other students in uniform or identified with the school in any other way without the permission of the Principal.

Student Name

Student signature (Year 3 and above only)



Parent/Guardian signature

Parent/Guardian signature



**50. Aboriginal / Torres Strait Islander students**

Is parental consent given for tutorial assistance as per funding guidelines?

☐

No

☐

Yes

**51. Head lice prevention**

☐

No

☐

Yes

**52. Excursion permission**

Travel off school premises is often required for curriculum based activities, swimming/sports, concerts and access to facilities in and around Darwin. Is parental consent given for the student to attend activities off the school premises ?

☐

No

☐

Yes

**SECTION F Emergency Contacts**

53. The first and second parent or guardian stated on page 3 will be the school's first and second priority contacts. You may wish to provide other names below.

Contact Name	Relationship to student	Mobile phone	Work phone	Home phone
3.				
4.				
5.				
6.				

## SECTION G/1 Transfer of Records – Parent / Guardian to complete.

I give permission for copies of my Child's records to be sent to Holy Spirit Catholic Primary School

Child's Name

Child's Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Parent/Guardian Name *(printed)*

Parent/Guardian signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If your child is transferring from an interstate school please complete the *Interstate Transfer Note*

## SECTION G/2 Transfer of Records – Office Use Only

The student named below has been enrolled into Holy Spirit Catholic Primary School

First Name

Surname

Date of Birth

Date of Admission

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Academic Year Level

Where applicable, could you please forward the following items to:

Holy Spirit Catholic Primary School  
PO Box 40030  
Casuarina. NT. 0811

or Email: [admin.holyspirit@nt.catholic.edu.au](mailto:admin.holyspirit@nt.catholic.edu.au)

☐

Academic Record

☐

Medical Records

☐

Copy of Immunisation Record

☐

Guidance Reports

☐

Copy of Birth Certificate

Many Thanks,

Administration

*School Stamp*

## SECTION H Agreement

- I / we understand and accept that Holy Spirit Catholic Primary School (herein known as the school) is a Christian community in which students are given the opportunity to deepen their understanding of Catholic beliefs, clarify their values and develop real and practical concern for others. The School philosophy encourages the development of personal responsibility in students, recognising and valuing individual differences, and encouraging the achievement of one's potential. The School provides an environment where gospel values are lived out, thus allowing students to experience the hope and optimism of the Gospel message of Jesus Christ. I / we agree to support in every possible way this religious dimension of the School.
- I / we accept and agree to support the standards of behaviour, discipline policy, grooming and uniform which the school requires
- I / we realise that in sending my child to Holy Spirit Catholic Primary School, I am undertaking certain financial commitments regarding school fees, uniforms, etc. I agree that Fees and Levies, as determined by the Principal and School Board, will be paid on receipt of invoice. I also understand that pro-rata fees are payable for students commencing or leaving during term. If at any time and for any reason I should find myself unable to meet my financial obligations in full, I agree to contact the Bursar or Principal to make special interim arrangements. I understand that failure to do so will jeopardise my child's ongoing enrolment in the School.
- I/we acknowledge and agree that I/we will be responsible and I/we will reimburse the School for all costs and expenses incurred by the school in recovering or seeking to recover all amounts payable to the School in relation to the student whether such amounts are payable under the Schedule of Fees or otherwise.
- I / we agree that my child will take an active part in various activities, including co-curricular, that are run as part of the School education program, and that I will ensure their attendance at these activities.
- I /we understand the importance of parental involvement with the education of my child. I agree to assist in some capacity and I understand that some commitment is expected of me. I commit to supporting the school in fundraising initiatives.
- I / we understand and accept that the completion of this enrolment form does not guarantee enrolment
- I / we understand and accept that attendance at the enrolment interview does not guarantee an enrolment offer being made
- I / we have completed this application form fully and to the best of my /our knowledge. Further, I / we acknowledge and accept that if it can be demonstrated that I / we have withheld information relevant to the application / enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and / or Parenting Orders, then the enrolment may be refused or terminated on this ground.

Parent/Guardian signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Parent/Guardian signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Principal/Deputy Principal signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## SECTION I Confidential Medical History

Surname

Given Name/s

Date of Birth

Medicare Number

Ref.

D

D

M

M

Y

Y

Y

Y

Health Care Card

Health Care Card Number

No

Yes

Doctor's Name

Doctor's Phone Number

**1. Is the Student under any medical treatment**

No

Yes – please give details below

**2. Has he/she ever had a serious illness?**

No

Yes – please give details below

**3. Does he/she have any hearing problems?**

No

Yes – please give details below

**4. Does he/she have eye problems/wear glasses?**

No

Yes – please give details below

**5. Is he/she taking any medication?**

No

Yes – please give details below

**6. Does he/she suffer from allergies or allergic to any food, substance and/or medication?**

No

Yes – please give details below

**7. Medic alert required?**

No

Yes – please give details below



**8. Does he/she suffer from a medical condition that the school should be made aware of**

☐ No

☐ Yes – please give details below

**9. Immunisation record** (*a copy of student's immunisation record is to be supplied with this application*)

MMR ( <i>Measles, Mumps, Rubella</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Hepatitis B ( <i>HEB</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Tetanus	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	HIB ( <i>Haemophilus Influenza Type B</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Pertussis ( <i>Whooping Cough</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	BCG ( <i>TB</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Diphtheria	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	MEN ( <i>Meningococcal</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Polio ( <i>OPV</i> )	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes					

**10. Please tick any of the following illnesses the student may have suffered or still suffers from**

☐ Asthma

☐ Epilepsy

☐ Tuberculosis (*TB*)

☐ Bronchitis

☐ Hepatitis (*A,B or C*)

☐ Heart problems  
(*murmur, chest pains*)

☐ Kidney problems

☐ Rheumatic heart fever

☐ Diabetes 1 or 2 (*please circle*)

☐ Other – Please specify:

Please give any relevant information (medication, treatment, etc.)

**11. Please supply any other relevant information**