



# Student Registration Form

## 1. CHILD'S DETAILS

Surname	Given Names	
Other Names Child is known by	Age	
Birth Certificate/ FIN Number	Sex	Date of Birth
Phone Number	Place of Birth	Nationality
Language spoken at home	Religion	Race
Is there anyone prohibited from having contact with or collecting your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 2. MOTHER'S DETAILS

Surname	Given Names	
Other Names Mother is known by		
Nationality	Race	Date of Birth
Passport/ FIN Number		
Home Telephone	Hand Phone	
Home Address		
Employer	Occupation	
Work Telephone	Email Address	
Work Address		

## 3. FATHER'S DETAILS

Surname	Given Names	
Other Names Father is known by		
Nationality	Race	Date of Birth
Passport/ FIN Number		
Home Telephone	Hand Phone	
Home Address		
Employer	Occupation	
Work Telephone	Email Address	
Work Address		

#### 4. EMERGENCY CONTACT DETAILS

Please list the people (over 18 years old) that you wish to be contacted and are authorised to collect your child in the event that you cannot be reached.

Nominated Contact Person 1

Name  Relationship to Child

Mobile Phone  Work/Home Phone

Address

Emergency Pick Up Yes  No  Daily Pick Up Yes  No

Nominated Contact Person 2

Name  Relationship to Child

Mobile Phone  Work/Home Phone

Address

Emergency Pick Up Yes  No  Daily Pick Up Yes  No

#### 5. EMERGENCY MEDICAL DETAILS

Doctor's Name  Phone Number

Address

Dentist's Name  Phone Number

Address

In the event of an emergency, illness or accident concerning my child, I authorise White Lodge to seek treatment from a medical practitioner, medical centre, dentist or hospital and may include transport in an ambulance. I give consent to the carrying out of appropriate medical, dental, hospital treatment or transport in an ambulance as deemed necessary by the doctor, dentist or paramedic. I will be responsible for any medical and/or ambulance expenses that may occur. Alternatively, when notified, I or above nominated emergency contact person will collect my child as soon as possible. I will update the school of my contact details as well those of the emergency contact people. I will also update the school of changes or development in my child's health, medical condition or allergies.

I agree to all of the above. Parent/Guardian to sign below:

Name of Parent/Guardian

Signed  Date

## 6. HEALTH INFORMATION

Has your child been immunised?

Yes  No

If yes, please provide evidence such as a letter from your doctor.

A non-immunised child may be temporarily excluded from the school if a vaccine-preventable illness outbreak occurs.

Does your child have any allergies?

Yes  No  If yes, please provide details

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Is your child on any regular medication?

Yes  No  If yes, please provide details

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Has your child had any of the following?

Measles  Mumps  Rheumatic Fever  Epilepsy  German Measles

Ear Trouble  Convulsions  Scarlet Fever  Chicken pox  Diabetes

Does your child suffer from Asthma?

Yes  No  If yes, please provide details

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Does your child have any additional needs?

Yes  No  If yes, please provide details

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Is there any other information you would like to share about any special requirements, cultural or religious beliefs that staff should be aware of? Yes  No  If yes, please provide details

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Does your child have any specialised dietary needs? Yes  No  If yes, please provide details

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Does your child have a history of major illness or had an operation? Please provide details

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## 7. ADMINISTRATION OF PANADOL

In the event that we need to administer Panadol to your child for a high fever or pain (38° or higher), we will make all reasonable endeavours to contact the parents or guardian. If we cannot contact you, do you give permission for the staff to administer Panadol? Yes  No

Name of Parent/Guardian

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Signed

Date

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## 8. PREFERRED ENTRY STATUS

Have any other family members previously attended School of the Arts or are any other family members currently attending or enrolled to attend? Yes  No  If yes, please provide details

1. Full Name	Relationship to Enrolling Student
Years (s) at White Lodge	Class

2. Full Name	Relationship to Enrolling Student
Years (s) at White Lodge	Class

Please circle the student's order amongst siblings: Oldest 1 2 3 4 5 6 Youngest

## 9. PARENTS AGREEMENT

Sunscreen: I give permission for staff to apply sunscreen to my child. Yes  No

Emergency evacuations: In the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. The evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff. Yes  No

Publicity: I give permission for my child's photographs, name, age and nationality to be used for publicity for White Lodge, should this be required. Yes  No

Observations: I give permission for my child to be observed by students for training purposes. Yes  No

Photographs: I give permission for my child's photograph to be displayed throughout White Lodge in portfolio work, displays and newsletters. Yes  No

Excursions: My child is authorised to be taken on routine excursions or outings from the school. Yes  No

Fees: I am aware that all fees are payable in the second last week of the term before and agree to settle school fees on or before the due date. Yes  No

Deposit Refund: I am aware that one full term's notice is required for all withdrawals, and notice needs to be given no later than the first week of the term. I am aware that the school reserves the right to forfeit the deposit if the one-term notice period is not met. Yes  No

I agree to all of the above. Parent/Guardian to sign below:

Name of Parent/Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## 10. OTHER INFORMATION

Is there anything else you would like us to know about your child? Please comment below.

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## 11. TERMS AND CONDITIONS

1. I hereby apply to White Lodge for the enrolment of the above student. I understand that acceptance of this application form does not constitute admission of the student.
2. I understand that White Lodge will not be held responsible for any accidents or mishaps during the course of my child's attendance.
3. I understand that White Lodge reserves the right to cancel a programme prior to the date of commencement.
4. I understand that White Lodge reserves the right to transfer, combine or dissolve a class and that no make-up class will be given for students who are absent.
5. I understand that regardless of attendance, the full programme fees shall be paid; there is strictly no pro-rata of school fees.
6. I understand that a late payment charge of 10% per month applies for term fees not settled by due date.
7. I am aware that all refunds (where applicable) will be made only at the cessation of the term.
8. I am aware that White Lodge reserves the right to revise or adjust the fees, term dates or programme times without prior notice.
9. I am aware that White Lodge reserves the right to amend the Terms and Conditions without prior notice.
10. I will abide by the Terms and Conditions in this form and any procedures and policies of White Lodge. I declare that the information given is accurate and agree to notify White Lodge immediately of changes to the above information.

Parent/Guardian to sign below:

Name of Parent/Guardian

Signed

Date