

**TRANSITION TO SCHOOL PROGRAM: REGISTRATION FORM  
CHILD'S PERSONAL INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent Name (1):** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

**Parent Name (2):** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

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**CHILD'S MEDICAL NEEDS**

**Any Known Medical Needs:** \_\_\_\_\_

\_\_\_\_\_

(Please consider any food allergies, asthma, etc)

**PLEASE NOTE: If you child has an anaphylactic reaction or asthma a medical action plan is to be provide to the school.**

**PRIVATE HEALTH FUND:** Yes / No (please circle)

Name of Fund: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

**AMBULANCE COVER:** Yes / No (please circle) Number: \_\_\_\_\_

**Please note that if it is deemed necessary an ambulance will be called**

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## CHILD'S INTERESTS

**Please indicate anything that you can think of that is of interest to your child.**

(consider interests such as: reading, painting, singing, sports, building, etc. There might also be particular topics that your child enjoys eg; dinosaurs, cars, Peppa Pig, etc)

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Please read the declaration below careful before signing and returning to your school.

I \_\_\_\_\_ permit \_\_\_\_\_ to take part in the Transition to School  
(Name of Parent – printed) (Name of Child)  
Program being offered for students by schools in the Diocese of Wagga Wagga.

I understand and agree with the activities and arrangements made for the program. During the program I delegate my authority to the Supervising Staff. Teachers and staff may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and my child individually.

In the event of illness or an accident that requires medical attention, I permit Supervising Staff to seek necessary medical attention on behalf of my child including the use of NSW Ambulance services if required. I agree to be responsible for any costs incurred through such action.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_