International School of Western Australia

Education, Health & Immunisation Application

Student Details

Student Name:

Language

What is the primary language used by your child at home?

What is the language of instruction at your current school?

Will your child need English as an Additional Language (EAL) support?

❑ Yes ❑ No

Education

Has your child received extension or learning support?

❑ Yes ❑ No

Has your child been accelerated to a higher grade/class or repeated a grade/class?

❑ Yes ❑ No

Please provide a copy of any Learning Support Plans for your child.

Learning profile

Tick if your child has any of the following, that may impact his/her learning;

❑ ADD / ADHD

❑ Hearing Impairment

❑ Vision Impairment

❑ Autism Spectrum Disorder

❑ Specific Learning Disorder (Dyslexia, Dysgraphia, Dyscalculia)

❑ Other (Please provide details)

Social and Emotional Profile

Tick if your child has been supported for any of the following:

❑ Managing Anxiety

❑ Managing Emotions

❑ Managing Behaviour

❑ Managing Social Interactions / Relationships

Health Professionals

Tick the health professionals who have assessed or provided therapy to your child;

❑ Audiologist

❑ Paediatrician

❑ Speech Pathologist

❑ Occupational Therapist

❑ Psychologist

❑ Other (Please provide details)

Please provide a copy of any assessment reports from this professional.

Medical Profile

Tick if your child has any of the following

	Mild *No Medication*	Moderate *Sometimes Medicated*	Severe *Medical Action Plan*
Asthma			
Allergies			
Mental Health			
Other *(Please Provide Details)*			

If your child has any allergies, please provide details;

List any ongoing medications;

List other factors which may affect school activities;

Immunisation Details

Level of Immunisation	❑ Fully	❑ Incomplete	❑ Not Immunised

Please provide your child's immunisation record to the school

Do you have an up-to-date Immunisation History Statement from the Australian Immunisation Register (AIR)

❑ Yes	❑ No

Health Insurance

Name of Provider	Member Number
Medicare Number	

Emergency Treatment Consent

In an emergency I authorise, at my cost, an ISWA staff member to assist my child by:

- Contacting an Ambulance
- Administering over the counter medication

❑ Yes	❑ No

Declaration

Signature of Parent/Guardian	
Print Name	Date