



# ENROLMENT APPLICATION FORMS

Entry required at Year Level: \_\_\_\_\_ (Prep, Year 1, Year 2, etc.) in the year 20 \_\_\_\_

Please read the College Handbook carefully before submitting this application form or making an appointment with the Principal.

This application must be filled in completely and be accompanied by:

- Photocopy (not original) of report from student's previous school (where applicable)
- Photocopy (not original) of Birth Certificate

**Please send the above paperwork with this application if this is possible.**

*An interview with parents and student will be required before acceptance.*

**Mr Phil Chapman**  
Principal



## STUDENT INFORMATION

Name/s: ..... ☐M ☐F Birthdate: / /  
Surname Given Names

Name/s: ..... ☐M ☐F Birthdate: / /  
Surname Given Names

Name/s: ..... ☐M ☐F Birthdate: / /  
Surname Given Names

Name/s: ..... ☐M ☐F Birthdate: / /  
Surname Given Names

Home Address: .....

Suburb: ..... Post Code.....

Home Tel: ..... Mobile Phone No... ..... Email Address:.....

Students Last School Attended: .....at Year Level: .....

Address: .....

## FAMILY INFORMATION

### Collection of Student Background Information for National Reporting.

Schools across Australia are required to collect background characteristic information for all students.. This information will be used to monitor the effect student background characteristics have on student outcomes to ensure the 'National Goals for Schooling in the Twenty First Century' are met.

**Father's** Name: ..... Country of Birth/Citizenship: .....

Employer: ..... Occupation: .....

Bus Tel: ..... Mobile:..... Email: .....

School Education Level..... Non School Education Level.....

Native Language.....Language spoken at home (leave blank for English).....

**Mother's** Name: ..... Country of Birth/Citizenship: .....

Employer: ..... Occupation: .....

Bus Tel: ..... Mobile:..... Email: .....

School Education Level..... Non School Education Level.....

Native Language.....Language spoken at home (leave blank for English).....

Parents' marital status:..... **Email address**.....

Other children to be enrolled in the future (name and birth date):.....

.....

.....

## CHURCH INFORMATION

Current Church (if applicable):

Address: .....

Minister/s: ..... Telephone: .....

Father: Christian? ☐Yes ☐☐No Mother: Christian? ☐Yes ☐☐No

Has student ever made a profession of faith in Christ? ☐Yes ☐☐No

## MEDICAL INFORMATION

Family Doctor/Clinic: .....; Tel: .....

Does the student have any special medical Needs?

Explain:

.....

Does the student have any allergies.....If yes what are the triggers and what is the reaction

.....

Do you accept the College administering Panadol when necessary: ☐ Yes☐☐ No

Do you have Ambulance Cover ☐☐Yes ☐ No Healthcare/ Pension Card ☐☐Yes☐☐ No Number.....

Medicare Number..... Expiry date..... Tetanus date if administered.....

Emergency contact if you are not available?

Name.....Relationship.....Telephone.....Mobile.....

## SCHOOL INFORMATION

Has the student ever been expelled, dismissed, suspended or refused admission to a school?

If so, explain: .....

Has the child ever had any disciplinary difficulties? .....

If so, explain: .....

Has the child ever been in trouble with the law, etc.? .....

Is there any other specific information we should know about your child?.....

.....

Please indicate academic level of the student's work: ☐☐Excellent ☐☐Good ☐☐Average ☐☐Poor

## GENERAL INFORMATION

How did you hear about this school? .....

Reason for selecting this school: .....

Photographs of school activities involving my child may be used in school publications or on the school website / Newsletter ☐Yes ☐No

## INDEMNITY FORM

I approve of our children attending and participating in all college activities and agree to and do hereby indemnify the said college, its officers, servants or agents against any damages, claims or demands arising from any accident or illness which may befall or occur to him/her, except to the extent that the loss is directly attributable to the negligence of Olivet Christian College, the school council or their employees, servants or agents.

I further authorise any officers, or servants or agents of the said College to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and agree to pay all such expense.

Signature of Father/Guardian: ..... Date: .....

Signature of Mother/Guardian: ..... Date: .....

## COLLEGE MAINTENANCE

To enable the maintenance of the College to be efficiently co-ordinated, would you please complete the following form for future working bees which are generally held twice a year.  
A fee can be paid in lieu of attendance if you prefer.

I have skills in the following areas: - (Please indicate with a tick)	MOTHER	FATHER
--	--------	--------

Cleaning (Inside)	.....	.....
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Cleaning (Outside)	.....	.....
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Painting	.....	.....
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Carpentry	.....	.....
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Concreting	.....	.....
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Plumbing	.....	.....
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Gardening/Landscaping	.....	.....
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Lawn Mowing	.....	.....
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Weed slashing (with own brush cutter)	.....	.....
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Able to come to the College at short notice in an emergency.	.....	.....
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Other (Please list)

Signature of Father/Guardian: ..... Date: .....

Signature of Mother/Guardian: Date: .....

**MEDICAL HISTORY** Student's Name \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until re-admission is acceptable to School authorities. Your co-operation will be greatly appreciated. Thank you!

Father's Health \_\_\_\_\_ Mother's Health \_\_\_\_\_

APPLICANT'S HEALTH RECORD (complete only one page per student)

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food insects, drugs, latex)			Dental problem		
Allergies (seasonal)			Diabetes		
Anaphylaxis (epipen required)			Vision problem		
Asthma or breathing problems			Hearing problems, deafness		
ADHD			Heart Problems		
Behavioural problems			Muscle problems		
Developmental problems			Seizures		
Bladder problem			Speech problems		
Bleeding problem			Spinal injury		
Bowel problem			Head Injury, concussions		
Celiac Disease					

List all prescription, over-the-counter, and herbal medications your child takes regularly:

IMMUNIZATION RECORD - (Please give the dates of each for our records) If you do not have dates but can confirm the immunisations did occur, at a minimum, please tick the boxes

Hepatitis B Vaccine (0 months)	DTPa (Diphtheria, Tetanus, Pertussis ) HepB HIB (2 months)	HIB (Haemophilus influenzae Type b ) DTPa (Diphtheria, Tetanus, Pertussis Hepatitis B Vaccine, Polio Vaccine (4 months)
DTPa (Diphtheria, Tetanus, Pertussis Hepatitis B Vaccine, Polio Vaccine ( 6 months)	MMR (Measles Mumps Rubella) HIB (Haemophilus influenzae Type b ) Hepatitis B Vaccine Meningococcal Serogroup (12 months)	DTPa (Diphtheria, Tetanus, Pertussis MMR (Measles Mumps Rubella) Polio Vaccine (4 years of age)
Chicken Pox (Varicella) Hep B (12 years of age)	ADT (Adult Diphtheria Tetanus)	HPV (Human Papillomavirus) (12 years+ )

PERSONAL RECORD - (Please answer all of the following)

Is he/she shy? \_\_\_\_\_ Overactive? \_\_\_\_\_ Bites fingernails \_\_\_\_\_  
 Sucks thumb? \_\_\_\_\_ Have excessive fears? \_\_\_\_\_ Have temper tantrums? \_\_\_\_\_  
 Likes school? \_\_\_\_\_ Play well with others? \_\_\_\_\_ Eats breakfast? \_\_\_\_\_  
 When is your child's regular bedtime \_\_\_\_\_ When is your child's rising time \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please include a copy of your child's Immunisation Certificate (Prep children only)

**MEDICAL HISTORY** Student's Name \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 When is your child's regular bedtime \_\_\_\_\_ When is your child's rising time \_\_\_\_\_

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Signature of Mother/Guardian: Date: .....  
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 Likes school? \_\_\_\_\_ Play well with others? \_\_\_\_\_ Eats breakfast? \_\_\_\_\_  
 When is your child's regular bedtime \_\_\_\_\_ When is your child's rising time \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: Date: \_\_\_\_\_

(Please include a copy of your child's Immunisation Certificate (Prep children only))



## AGREEMENT

I/we have read the information supplied and agree to the following:

1. That I/we will support the College in the application of its policies and procedures
2. That my/our child will comply with all the requirements of the policies, rules, and regulations of the College
3. I will encourage my children in their Christian growth and will support the College by attending Presentations, Dedication Nights, and other function as they arise and I am able.
4. That fees will be paid by the due date as detailed in the Fee Schedule
5. That a Term's notice is required in writing when my/our child leaves the College
6. That if I/we fail to comply with the requirements of paragraph 5, the College reserves the right to invoice me/us for a Term's fees in lieu of notice
7. I/we have read the College Handbook and agree with the policies set out therein.

### ***Both signatures required if possible:***

Signature of Father/Guardian: ..... Date: .....

Signature of Mother/Guardian:: ..... Date: .....

It is the policy of Olivet Christian College to comply with the National Privacy Principles as contained in the *Privacy Amendment (Private Sector) Act 2000*. Please refer to the College Handbook for the Standard Collection Notice which details how the College uses and manages personal information provided to and collected by it.

OFFICE USE ONLY

Interview Date: .....

1. Student's Present age: ..... Student's Present Year Level: .....

. Year of Entry: ..... At Expected Year Level: .....

2. Student's Present age: ..... Student's Present Year Level: .....

. Year of Entry: ..... At Expected Year Level: .....

3. Student's Present age: ..... Student's Present Year Level: .....

. Year of Entry: ..... At Expected Year Level: .....

## INTERNET / EMAIL CODE OF PRACTICE

### Student Agreement

I agree to use the Internet at our school in a responsible manner for purposes stated by my teacher.

If I find myself in unsuitable locations I will immediately click on the home or back button and inform my teacher.

When working on the internet:

- I will only work on the web for purposes specified by my teacher.
- I will not use the internet or networks at school to access web pages, computer files, newsgroups, chat groups or other materials that would be considered offensive in the judgement of the college, or infringe the Student Code of Conduct.
- I will accept responsibility in regard to copyright protected material and plagiarism. I will not download and redistribute software, games, music, graphics, videos or text unless authorised to do so by the copyright owner, and will not attempt to present somebody else's work as my own.
- Consistent with the Student Code of Conduct, I will be denied all access to school computers and or the Internet for a time to be determined by the College and may face further disciplinary action consistent with the Student Code of Conduct, if I violate any of the terms of this agreement
- I will not give out information such as my surname, address, telephone number, or parents' work address/telephone number.
- I will never send a person my picture.
- I will compose e-mails only at the instruction of my teacher for educational purposes such as correspondence for class lessons.

I understand that breaches of the rules will see me lose my Internet/email access rights for a period of time determined by my teacher.

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

Student Signature (Secondary) \_\_\_\_\_

Date \_\_\_\_\_

### Parent/Guardian Agreement:

I agree to my child using the Internet at school for educational purposes in accordance with the Student Agreement above.

I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

I do not consent to my child corresponding with others, using email.

I do/do not consent to my child having their first name (last initial) used on email messages for educational purposes.

Signature of Father/Guardian: ..... Date: .....

Signature of Mother/Guardian: Date: .....

## **OLIVET CHRISTIAN COLLEGE**

### **BOOKLIST (SECONDARY CLASSES)**

Each family is responsible for providing each student with the following:-

1. King James Bible (required for PACE work)
2. School bag
3. Box of tissues
4. Glue Stick (labelled)
5. Pencil case with Grey lead pencils  
Coloured pencils  
Pencil sharpener  
Ruler, Eraser, 2 blue pens

The College will provide and charge for the following as required:-

1. School Diary
  2. Exercise books
  3. Protractor
  4. Compass (Geometry)
  5. Casio Calculator FX 82 Super - Pace 1073 Maths onwards
- 

## **OLIVET CHRISTIAN COLLEGE**

### **BOOKLIST (PRIMARY CLASSES)**

Each family is responsible for providing each student with the following:-

1. King James Bible (required for PACE work)
2. School bag
3. Box of tissues
4. Pencil case containing - Coloured pencils (labelled) / Textas (labelled)  
- Eraser "  
- Ruler "  
- Sharpener "  
- 2 grey lead pencils"

The College will provide and charge for the following as required:-

1. School Diary
  2. Exercise books
  3. Manila document wallet
  4. Reader Covers (ELC)
  5. A4 Loose-leaf paper
  6. 2 blue pens (Gamma)
  7. Binder
- 

## **SCRIPTURE MEMORIZATION**

Scripture can be memorized from one of the following translations:

New International Version  
Revised Standard Version  
Amplified Bible  
New King James Bible  
King James  
International Children's Bible (Primary classes only)

# Private Bus Travel Student Conveyance Allowance Application

## Students Attending a Primary or Secondary School

1. Conveyance allowance guidelines are available from the school.
2. Complete the form except for sections F and G.
3. Attach additional documentation where applicable and return to the principal of the school attended by your child.

**Notes:** This form, if initialled by the school principal or bursar can be used in subsequent years if there has been no change in a student's travel arrangements or address.

Where two forms of transport of travel (i.e. private car and private bus) are used, only the greater of the two amounts will be paid based on the shortest practical route from home to school.

### A STUDENT INFORMATION:

please print in BLOCK LETTERS

Student Name:		Date of Birth:	
Residential Address:		Postcode:	
		Telephone No.:	
Date student is to commence travel:		If previously approved, year approved:	

### B APPLICANT INFORMATION:

Parent/Guardian Name:			
Residential Address:		Postcode:	
		Telephone No.:	

### C SCHOOL FOR WHICH CONVEYANCE ALLOWANCE IS TO APPLY:

School Name:	Olivet Christian College	School No:	1793
School Address:	89 Main Road Campbells Creek Vic	Postcode:	3451
		Telephone No.:	5472 3817
Distance of shortest practicable route from the bus stop or pick up point nearest the student's residence to school for which conveyance allowance is to apply. This may not be the actual distance travelled in the bus (Km):			
School attended is: (please tick appropriate box)	Nearest government primary, secondary or P-12 school:		<input type="checkbox"/>
	Nearest denominational school:		<input type="checkbox"/>
	Nearest multi/inter denominational or Christian school:		<input type="checkbox"/>
	Other:		<input type="checkbox"/>

### D TRAVEL INFORMATION:

Private Bus Operator (school owned, chartered, other):	Km travelled (one way)	Journey start – home, street name, station, etc:	Journey end – school, transit location etc:
School owned			89 Main Road Campbells Creek Vic 3451

**E ELIGIBILITY FOR ALLOWANCE DECLARATION:**

<p>➤ <i>above particulars are true and correct</i></p> <p>➤ <i>school attended is the nearest appropriate school</i></p> <p>➤ <i>student resides more than 4.8km from the school</i></p> <p>➤ <i>there is no public transport or free bus service within 4.8km of the student's residence</i></p> <p>➤ <i>principal will be notified in writing by the applicant within seven days of any changed circumstances</i></p>	<p><i>The</i></p> <p><i>The</i></p> <p><i>The</i></p> <p><i>There</i></p> <p><i>The</i></p>	<p><i>Signed</i> <i>Parent/Guardian:</i></p> <p><i>Date:</i></p>
<p><i>Principal Signature:</i></p>		<p><i>Date:</i></p>
<p><i>Application for Conveyance Allowances are subject to audit</i></p>		

# Private Car Conveyance Allowance Application

## Students Attending a Primary or Secondary School

**4. Conveyance allowance guidelines are available from the school.**

**5. Complete the form except for sections E, F, and G.**

**6. Attach additional documentation where applicable and return to the principal of the school attended by your child.**

**Note:** This form, if initialled by the school principal or bursar can be used in subsequent years if there has been no change in a student's travel arrangements or address.

### A STUDENT INFORMATION:

please print in BLOCK LETTERS

Student Name:		Date of Birth:	
Residential Address:		Postcode:	
		Telephone No.:	
Date student is to commence travel:		If previously approved, year approved:	

### B APPLICANT INFORMATION:

Parent/Guardian Name:			
Residential Address: (see point 1 in G)		Postcode:	
		Telephone No.:	
Vehicle Registration:			

### C SCHOOL FOR WHICH CONVEYANCE ALLOWANCE IS TO APPLY:

School Name:	Olivet Christian College	School No:	1793
School Address:	89 Main Road Campbells Creek Vic	Postcode:	3451
		Telephone No.:	54723817
Distance from place of residence to school for which conveyance allowance is to apply (Km):			
School attended is: (please tick appropriate box)	Nearest government primary, secondary or P-12 school:		<input type="checkbox"/>
	Next nearest government school (**see declaration in D):		<input type="checkbox"/>
	Nearest denominational school:		<input type="checkbox"/>
	Nearest multi/inter denominational or Christian school:		<input type="checkbox"/>
	Other		<input type="checkbox"/>
Names of all the students travelling in this nominated vehicle (including this student). One student travelling the longest distance should be identified as the furthestmost student. Note: This student must be identified as the furthestmost student on any other applications relating to this vehicle/family			
Student Name:	School:	Kilometres:	
	Olivet Christian College		Furthermost
	Olivet Christian College		Additional
			Additional
			Additional

### D ELIGIBILITY FOR ALLOWANCE DECLARATION:

<ul style="list-style-type: none"> <li>➤ The above particulars are true and correct</li> <li>➤ The school attended is the nearest appropriate school or next nearest government school</li> <li>➤ **The student resides more than 4.8km from the school or nearest free school bus service and Public Transport</li> <li>➤ The principal will be notified in writing by the applicant within seven days of any changed circumstances</li> </ul>	Parent/Guardian Signature:     Date:
Principal Signature:	Date:
Application for Conveyance Allowances are subject to audit	

Note: this application is to be lodged at this student's school. Only one application per student will be accepted

**Private Car Conveyance Allowance Application (continued)**  
**Students Attending a Primary or Secondary School**

**E SPECIAL FACTORS:**

(TO BE COMPLETED BY THE SCHOOL)

Approved by Regional Director:	Date:

**F SUBSEQUENT YEARS:**

Subsequent years – initial and date if no change to information (TO BE COMPLETED BY THE SCHOOL)

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**G INFORMATION FOR APPLICANT:**

<p><b>1. Residential address</b>          For the purpose of distance verification, the residential address should be based on the Rural Road Numbering System. Mailbox addresses should not be used.</p> <p><b>2. Reimbursement</b>          Reimbursement for private car travel to the nearest school is made on the basis of the one-way distance travelled per vehicle and the number of students in that vehicle. Payment is made to the family operating the vehicle.</p> <p><b>3. Distance</b>          Distance is measured by the shortest practicable route between the student's place of residence and their school, one way.</p>	<p><b>4. Vehicle rate</b>          The vehicle rate is determined by the distance between a student's place of residence and their school. Where there is more than one student in a vehicle and the students attend different schools, the vehicle rate is based on the distance travelled to the furthestmost school. In this case, one student attending the furthestmost school is identified on the application form as the 'furthestmost student'.</p> <p><b>5. Additional students payment</b>          Each extra student travelling in the vehicle will attract the 'additional student' rate of \$200.</p> <p><b>6. Schedule of rates:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Distance Kms</th> <th style="text-align: right;">Amounts per annum</th> </tr> </thead> <tbody> <tr><td>4.8–10</td><td style="text-align: right;">\$410</td></tr> <tr><td>&gt;10–15</td><td style="text-align: right;">\$513</td></tr> <tr><td>&gt;15–20</td><td style="text-align: right;">\$615</td></tr> <tr><td>&gt;20–25</td><td style="text-align: right;">\$718</td></tr> <tr><td>&gt;25–30</td><td style="text-align: right;">\$820</td></tr> <tr><td>&gt;30–35</td><td style="text-align: right;">\$923</td></tr> <tr><td>&gt;35</td><td style="text-align: right;">\$1025</td></tr> </tbody> </table>	Distance Kms	Amounts per annum	4.8–10	\$410	>10–15	\$513	>15–20	\$615	>20–25	\$718	>25–30	\$820	>30–35	\$923	>35	\$1025
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# SCHOOL ASTHMA ACTION PLAN



This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).

## STUDENT'S PERSONAL DETAILS

Student's Name \_\_\_\_\_ Gender **M** **F**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Year/Class \_\_\_\_\_

Ambulance Membership Yes No

Membership No. \_\_\_\_\_

What other health management plans does this student have, if any? \_\_\_\_\_

Emergency Contact (e.g. parent/carer)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ph: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Doctor \_\_\_\_\_ Ph: \_\_\_\_\_

PHOTO

## USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other \_\_\_\_\_

## Signs student's asthma is getting worse

Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other \_\_\_\_\_

## Student's Asthma Triggers

☐ Cold/flu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐  
Other \_\_\_\_\_

**Asthma Medication Requirements** (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the student need assistance taking their medication? Yes No If yes, how? \_\_\_\_\_

## Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

**If a student gets EIA during exercise they should:**

1. Stop the exercise or activity and refer to the student's asthma first aid plan (on back page). If their symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer any incident.



# ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

## Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

**Step 1.** Sit the person upright

- be calm and reassuring
- Do not leave them alone.

**Step 2.** Give medication

- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into a spacer
- Take 4 breaths from the spacer after each puff

\*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

**Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them**

**Step 3.** Wait 4 minutes

If there is no improvement, repeat steps 2.

**Step 4** If there is still no improvement call emergency assistance (DIAL 000).

Tell the operator the person is having an asthma attack

Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

**Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse**

**OR Student's Asthma First Aid Plan** (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For further information about the Victorian Schools Asthma Policy or asthma management please contact **The Asthma Foundation of Victoria** on (03) 9326 7088, toll free 1800 645 130, or visit [www.asthma.org.au](http://www.asthma.org.au)