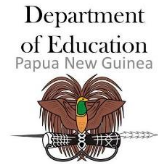
Queensland Curriculum Licensed School

Queensland Government Australia



NAME OF CHILD: ____

YEAR LEVEL: ____

LIHIR INTERNATIONAL SCHOOL

LIHIR ISLAND

Postal Address: C/- NML, PO Box 789 Port Moresby
Phone: 9864233
Fax: 9864234
Email: Gregory.Neville@newcrest.com.au
Web: www.lischoolandwri.com.au

Confidential

APPLICATION FOR ENROLMENT

Junior Kindy – Year Ten

OFFICE USE ONLY

Date of Application:______________________________ Commencement Date:_______________________

Birth Certificate: YES/NO

Enrolled: YES/NO

If No, Reasons: ____

____

STUDENT DETAILS

<table>
<tr><td>Surname</td><td colspan="5"></td></tr>
<tr><td>Frist Name/s</td><td colspan="2"></td><td>Preferred Name</td><td colspan="2"></td></tr>
<tr><td colspan="2">Date of Birth
(Please attach a copy of your child's birth certificate)</td><td></td><td>Gender</td><td colspan="2"></td></tr>
<tr><td colspan="4">This child's position in the family – Sibling Order (eg eldest of 3)</td><td colspan="2"></td></tr>
<tr><td>Birth Country</td><td></td><td>Country of Citizenship</td><td colspan="3"></td></tr>
<tr><td colspan="3">MAIN Language spoken at home e.g. English/Pidgin/etc</td><td colspan="3"></td></tr>
</table>

If Lihirians

Village Name		**Clan**		**Sub-Clan**	

If from other Papua New Guinea Provinces

Town		**Province of Birth**	

PREVIOUS SCHOOL/S or PRESCHOOL/S

School	Place	Date from	Date to	Year	Class

TRANSPORT

Transport to School?	
Transport from School?	

FAMILY DETAILS

FAMILY DETAILS	MOTHER Parent / Guardian (a) Residing with Child	FATHER Parent / Guardian (b) Residing with Child	PARENT Not Residing with Child (If Applicable)
Title *(eg Mr/Mrs/Miss/Ms):*			
Surname			
First Name/s			
Preferred Name			
Relationship to Child			
Home Address			
Home Phone No.			
Daytime Contact No.			
Company			
Department			
Birth Country			
Country of Citizenship			
MAIN Language Spoken at Home *(eg, English, Pidgin etc)*			

If Lihirian

Village			
Clan			
Sub-Clan			

If from other Papua New Guinean Provinces

Town			
State Province of Birth ***eg East New Britain***			

MEDICAL HISTORY

	Yes/No	Details of medication/treatment
Pre/Postnatal Concerns		
Birth Concerns		
Vision Concerns		
Hearing Concerns		
Head Injury		
Epilepsy		
Convulsions		
Diabetes		
Allergies		
Asthma		
Others: ***(Please Specify)***		

List any medication, which your child is taking regularly:

____

____

List any diseases, surgery or disorders, or recurring illnesses:

____

____

SPECIALIST ASSESSMENTS

Has your child been Assessed by any of The following:	Yes/No	Name of Centre	Date of First Visit	Is your child attending now?
Audiology Clinic				
Child Guidance				
Occupational Therapist				
Psychiatrist				
Specialist Clinic				
Speech Pathologist				
State Guidance				
Other:				

IMPAIRMENTS

Indicate any other condition/s which may affect learning, school activities or which may require additional or emergency attention at school.

	Yes / No		Yes / No
Intellectual		**Physical**	
Visual		**Social / Emotional**	
Speech & Language		**Multiple**	
Hearing			

COMMENTS:

____

____

____

List any legal or educational matters of which the school should be aware:
(e.g. Custody orders/parental agreements, repeating a year level, etc.):

____

EMERGENCY CONTACT ***(IF PARENTS ARE UNABLE TO BE CONTACTED DURING SCHOOL HOURS):***

EMERGENCY CONTACT PERSON 1: *(other than mother and / or father):*		
NAME:		
RELATIONSHIP TO CHILD:		
CONTACT TELEPHONE:	**Home:**	**Work:**
EMERGENCY CONTACT PERSON 2: *(other than mother and / or father):*		
NAME:		
RELATIONSHIP TO CHILD:		
CONTACT TELEPHONE:	**Home:**	**Work:**
FAMILY DOCTOR:		
NAME:		
ADDRESS:		
TELEPHONE:		

If in the event of an accident, parents will be notified as soon as practicable

Indicate any other information which may assist with this enrolment application.

____

____

____

I / We have read the Lihir International School Booklets (Policy and Guidelines and Information booklet) and agree to all the conditions outlined in them.

I / We understand that my / our child's initial and continued enrolment is subject to satisfactory pre-enrolment medical assessment, followed by satisfactory medical assessments annually.

I / We have fully and accurately disclosed any information required by the school for its consideration in determining the enrolment of my child.

Parent/Guardian Signature: ________________________________ Date:_______________

Parent/Guardian Signature: ________________________________ Date: _______________

N.B. You will be notified as soon as possible if this application for enrolment has been successful. When coming to your interview please bring your child and their birth certificate, if applicable, the student's latest school report.

In line with the Privacy Act, the School and Newcrest Mining Limited may have access to the above information if required.