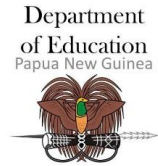




Queensland
Curriculum Licensed School



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

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

If Lihirians

Village Name			Clan			Sub-Clan		
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If from other Papua New Guinea Provinces

Town			Province of Birth			
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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 <i>eg East New Britain</i>			

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.