



Tarwin Lower Primary School

"Small School, Big Opportunities"
Kindness, Cooperation, Resilience, Respect

Tarwin Lower Primary School
School Road
Tarwin Lower 3956
Ph. 5663 5263
Fax. 5663 5474
tarwin.lower.ps@edumail.vic.gov.au

TO BE USED IF TRANSFERRING FROM
ANOTHER VICTORIAN GOVERNMENT
SCHOOL

STUDENT TRANSFER FORM

PERSONAL DETAILS OF STUDENT

LEGAL SURNAME

FIRST GIVEN NAME

GENDER Male

Female

SECOND GIVEN NAME

DATE OF BIRTH

____/____/20____

PREFERRED NAME (If applicable)

PRIMARY FAMILY ADDRESS DETAILS

PARENT A NAME

PARENT B NAME

RESIDENTIAL (STREET) ADDRESS

SUBURB

POSTCODE

TELEPHONE

SILENT NUMBER?

MOBILE NUMBER (PARENT A)

MOBILE NUMBER (PARENT B)

MAILING ADDRESS

AS ABOVE

ADDRESS OR PO BOX NO.

SUBURB

POSTCODE

STUDENT MEDICAL DETAILS

ASTHMA

DOES THE STUDENT SUFFER FROM ASTHMA? No (Go to next section)
 Yes (Please fill in below & supply current Asthma Management Plan for the student)

Please indicate if the student suffers from the following symptoms: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Cough</td></tr> <tr><td><input type="checkbox"/> Difficulty Breathing</td></tr> <tr><td><input type="checkbox"/> Wheeze</td></tr> <tr><td><input type="checkbox"/> Exhibits symptoms after exertion</td></tr> <tr><td><input type="checkbox"/> Tight Chest</td></tr> </table>	<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Wheeze	<input type="checkbox"/> Exhibits symptoms after exertion	<input type="checkbox"/> Tight Chest	Action if my child displays any of these symptoms: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Inform Doctor</td> <td style="width: 15%;"><input type="checkbox"/> Yes</td> <td style="width: 15%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Inform Emergency Contact</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Administer Medication</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Other Medical Action</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">If yes, please specify:</td> </tr> </table>	Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:		
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If yes, please specify:																					

ASTHMA MEDICATIONS (Please fill in name)	DOSAGE	ADMINISTERED BY	WHERE STORED
Preventative			
Reliever			

ANAPHYLAXIS

DOES THE STUDENT HAVE A POTENTIALLY LIFE THREATENING ALLERGY? No
 Yes ALLERGEN (Anaphylaxis Management Plan must be supplied)

SYMPTOMS

EPIPEN SUPPLIED FOR SCHOOL Yes No EPIPEN WITH STUDENT Yes No

OTHER MEDICAL CONDITIONS

DOES THE STUDENT HAVE ANY OTHER MEDICAL CONDITIONS? No Yes (Please complete below)

CONDITION	SYMPTOMS		
MEDICATION & DOSAGE	ACTION		
	Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHERE STORED	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

STUDENT ACTIVITY AND RESTRICTIONS DETAILS

IS THE STUDENT AT RISK? No
 Yes _____

IS THERE AN ACTIVITY ALERT FOR THE STUDENT No
 Yes _____

IS THERE AN ACCESS ALERT FOR THE STUDENT? No

Yes ACCESS TYPE

- Court Order
- Family Law Order
- Restraining Order
- Other _____

DETAILS

PUBLICATION OF STUDENTS PICTURE & WORK IN NEWSLETTER, NEWSPAPERS, SCHOOL WEBSITE AND SCHOOL FACEBOOK PAGE. (Please note that only first names are used) You may withdraw your permission at any time

- Yes, my child's picture and work can be published
- No, I don't wish my child's picture and work to be published

PREVIOUS SCHOOL DETAILS

NAME OF STUDENT'S PREVIOUS SCHOOL

ADDRESS OF PREVIOUS SCHOOL

PHONE NUMBER

YEAR LEVEL AT PREVIOUS SCHOOL

OFFICE USE ONLY				CASES21 ID	
ENROLMENT DATE		YEAR LEVEL		HOME GROUP	
PROOF OF NAME/	<input type="checkbox"/>	DISABILTY ID	<input type="checkbox"/>	DISABILTY ID NO.	
IMMUNISATION CERTIFICATE	<input type="checkbox"/>	TRANSITION STATEMENT	<input type="checkbox"/>	PUBLICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL ALERT	<input type="checkbox"/>	ASTHMA MGMT PLAN	<input type="checkbox"/>	ANAPHYLAXIS	<input type="checkbox"/>