

MT DRUITT LEARNING GROUND – YOUNG PEOPLE'S PROGRAM ENROLMENT FORM 2018

PARTICIPANT

SURNAME:		YEAR	AGE
FIRST NAME:			
ADDRESS:			
SUBURB:		POSTCODE:	
EMAIL:			
PHONE (AT HOME):	MOBILE PARTICIPANT:		
DATE OF BIRTH:	NATIONALITY:		
WHY DO YOU WANT TO COME TO LEARNING GRO	DUND:		
PARENT/CARER (1)			
NAME:			
ADDRESS:			
EMAIL:			
PHONE:	MOBILE:		
WHY DO YOU WANT YOUR CHILD TO COME TO LE	ARNING GROUND:		
PARENT/CARER (2)			
NAME:			
ADDRESS:			
EMAIL:			
PHONE:	MOBILE:		

EMERGENCY CONTACT OTHER THAN PARENT

NAME:			
ADDRESS:			
SUBURB:		POSTCODI	E:
EMAIL:			
PHONE:	MOBILE:		
MEDICAL INFORMATION			
ANYTHING WE SHOULD KNOW?	No		
MEDICATION:			
NAME OF DOCTOR IF NEEDED:			
INFORMATION ABOUT SCHOOLING			
CURRENT SCHOOL:			
ADDRESS:			
SUBURB:		POSTCODI	E:
NAME OF REFERRING TEACHER:			
EMAIL:			
PHONE:	MOBILE REFERRING TEACHER:		
PREVIOUS PRIMARY SCHOOL(S):			
PERSONAL FAMILY INFORMATION			
		YES	NO
PUBLIC HOUSING			
FAMILY MEMBER INCARCERATED OR MATTERS BEFORE THE COURT			
DRUG AND ALCOHOL ISSUES IN FAMILY			
ANY EXPERIENCE OF FAMILY VIOLENCE			
PREVIOUS FAMILY MEMBERS ATTENDING LEARN	ING GROUND		

IF YES – WHERE ARE THEY NOW?		
ANY FAMILY CUSTODY ISSUES		
EMPLOYMENT ISSUES		
MOTHER		
FATHER		
OTHERS		
PERMISSION		
	YES	NO
PERMISSION TO JOIN LEARNING GROUND EXCURSIONS DURING THE	1	130
YEAR AND RIDE IN LEARNING GROUND BUS, OR TO TAKE SUPERVISED		
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PUBLIC TRANSPORT WITH LEARNING GROUND STAFF		
PERMISSION TO BE INCLUDED IN PHOTOGRAPHS TAKEN AT LEARNING		
GROUND POSSIBLY TO BE USED IN FUNDING REPORTS, IN MEDIA		
RELEASE OR LEARNING GROUND FACEBOOK PAGE		
RELEASE ON ELANGING GROOND FACEBOOK FAGE		
PERMISSION FOR PARTICIPANT TO TRAVEL TO AND FROM LEARNING		
GROUND ALONE		
NAME – PARENT/GUARDIAN:		
SIGNATURE:		
DATE:		
NAME – SCHOOL CONTACT:		
MAINE SCHOOL CONTACT.		
SIGNATURE:		
DATE:		