

**BRIGHT BRAINS**

**Homework Support Program**



## STUDENT ENROLMENT FORM 2020

To be completed by the student's parent or guardian. All sections must be read and completed.

### 1. Student Information

<b>a) Student's First Name:</b>	<b>b) Last Name:</b>
<b>c) Date of Birth:</b> /     /	<b>d) Gender:</b> Male/Female/Other
<b>e) Year of arrival in Australia (if applicable):</b>	<b>f) Country of Birth:</b>
<b>h) Cultural background:</b>	
<b>i) Name of school:</b>	<b>j) Year Level:</b>
<b>k) Reasons for joining the homework program:</b>	
<b>l) Main teacher's name and contact email if known (optional):</b>	
<b>m) What subjects does the student need help with?</b>	
<b>n) Does the student have any medical/health problems?</b> Yes/No (please circle) If yes, please give further information. (For asthma, please provide a copy of the asthma plan.)	
<b>o) Does the student regularly take any medicine?</b> Yes/No (please circle) If yes, please detail:	
<b>p) Does the student have any special needs that the program needs to know about?</b> Yes / No (please circle) If yes, please give further information:	

### 2. Referral Information

How did you find out about the Bright Brains Homework Club?

### 3. Parent or Guardian Information

<b>a) Parent/Guardian Given Name:</b>	<b>Surname:</b>
<b>b) Home Address:</b>	<b>Postcode:</b>
<b>c) Telephone:</b>	
<b>d) Language(s) spoken:</b>	
<b>e) Interpreter required:</b> Yes/No (please circle)	

### 4. Usual Healthcare Providers

<b>a) Name of Doctor/Medical Service:</b>
<b>b) Telephone:</b>
<b>c) Student Medicare Number (optional):</b>
<b>g) Any other details (specialists etc):</b>

### 5. Emergency Contact Person

a) Name:	b) Relationship to student:
c) Telephone:	
d) Language(s) spoken:	
e) Interpreter required: Yes/No	

### Permission Agreement

\* I give permission for the student named above to attend Craig Family Centre's Bright Brains Homework Club and will arrange for him/her to get to and from the program.

\* I authorise medical treatment to be given to the student named above in the case of an emergency. If it is not possible to talk to me, I agree that the worker in charge will make every effort to contact the emergency contact person listed above. However, if they cannot be reached, I give permission to the worker in charge to take the students named above to the doctor or hospital to get medical help if it is needed. The doctor may give whatever medical or surgical treatment he or she believes is necessary.

\* I give permission for the Craig Family Centre to contact the school and/or teacher(s), regarding the student named above so we can work together to improve their educational outcomes.

\* I give permission for the program evaluator to speak with the student named above, their tutors and their teachers about their experiences and learning outcomes. I understand that this information will remain confidential and only be shared with relevant workers where necessary.

**Yes/No (please circle)** I give the Craig Family Centre permission to use photographs taken during the program for the purposes of promotional materials, media reports and other publications.

**Privacy statement:** The personal information on this form is being collected for the purposes of enrolling the student in the Craig Family Centre's Bright Brains Homework Club and being able to contact parents/guardians/schools or to be provided to a doctor or paramedic in case of an emergency. Any evaluation reports developed will not identify individual participants. This information may be shared with the Craig Family Centre's partner organisations and funding bodies.

I have read and agree with the conditions outlined in this document:

PARENT'S OR GUARDIAN'S NAME: \_\_\_\_\_

PARENT'S OR GUARDIAN'S SIGNATURE (OR PRINT NAME):  
\_\_\_\_\_

DATE: \_\_\_\_\_

I have read and agree with the above conditions:

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S SIGNATURE (OR PRINT NAME):  
\_\_\_\_\_

DATE: \_\_\_\_\_