

Deep Green Bush-School

APPLICATION FORM

Please complete one form for each child attending.

Email form to: deepgreenbushschool@gmail.com

Starting term applying for: _____

Parent's/Guardian's Name(s)

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Student's Details

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|-------------------------------------|------|
| Name: | Age: |
| Birthdate: | |
| Gender: (Circle one) Male or Female | |
| Student's country of residency: | |
| Student's country of citizenship: | |

→ Please attach photocopies of passport or birth certificate.

Home Address

| |
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| |
| |
| Suburb: |
| Postal code: |

Parent/Guardian contact numbers

| Name | Day Phone | Cell-phone |
|------|-----------|------------|
| | | |
| | | |
| | | |
| | | |

Email addresses

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Volunteering

Are you able to volunteer at the Deep Green Bush-School? This may take the form of offering skills to students, helping with admin, helping on the land, or just being an extra adult.

Legislation requires that all adults on school premises have police vetting.

Do you consent to the DGBS obtaining a police vet? Y/N

If you would like to volunteer, please describe in what capacity:

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Medical Safety Questionnaire

Note: This information is requested for your child's safety only. It will be held strictly confidential.

Please place an 'x' as appropriate:

To your knowledge, is your child allergic to bee sting? YES__ NO__

Has your child ever suffered from heat exhaustion or heatstroke? YES__ NO__

Does your child have a history of asthma? YES__ NO__

Is your child currently taking medication for asthma? YES__ NO__

Does your child have any other medical problems (diabetes, epilepsy, etc.) that might interfere with their ability to engage in outdoor physical activity? If so, please explain: YES__ NO__

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Will your child be taking any illness-related prescription medications while at the Deep Green Bush-School? If so, please list them, with dosage and time to be taken: YES__ NO__

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Has your child been immunised? Yes__ No __

Dietary Information

Known food

allergies:

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Dietary

restrictions:

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Please read the following statement, and sign below:

I have answered the forgoing questions truthfully and to the best of my knowledge, and have provided the Deep Green Bush-School staff with medical information that might be crucial to my child's safety. I understand that I am responsible for bringing all the medication my child might need each day and I give permission for Deep Green Bush-School staff to hold onto medication or to remind my child to take that medication appropriately.

Signature of Parent/Guardian: (type name if completed electronically)

Date: