**HIMILO COMMUNITY CONNECT – HOMEWORK CLUB**

**STUDENT ENROLMENT FORM**

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

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| **1. Student Information** |
| First Name |  |
| Last Name |  |
| Nickname |  | Date of Birth | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  |
| Name of school |  |
| School Year Level |  | Teacher’s Name |  |
| Language(s) spoken at home |  | Gender (please circle) | Female | Male |
| Country of Birth |  | Cultural Background |  |
| Reasons for joining the homework program: |
|  |
| How did you find out about the homework program? |
|  |
| What subjects does the student need help with? |
|  |
| Does the student have any medical/health problems? Please circle. | Yes | No |
| If yes, please give further information. (For asthma, please provide a copy of the asthma plan.) |
|  |
| Does the student regularly take any medicine? Please circle. | Yes | No |
| If yes, please give further information.  |
|  |
| Does the student have any allergies? Please circle. | Yes | No |
| If yes, please give further information – what allergies and how severe. |
|  |
| Does the student have any special needs that the program should know about?  | Yes | No |
| If yes, please give further information.  |
|  |
| Does the student have any dietary requirements?  | Yes | No |
| If yes, please give further information. |
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| **2. Parent or Guardian** **Information** |
| First Name |  |
| Last Name |  |
| Home address |  |
| Suburb |  | Postcode |  |
| Mobile Phone |  | Home Phone |  |
| Languages spoken |  |
| How many other children from this family registered for homework club? |  |
| **3. Health** **Information (for usual provider)** |
| Doctor’s Name |  | Student’s Medicare No. |  |
| Clinic Name |  | Clinic Phone |  |
| Any other details (specialists etc)? |
|  |
| **4. Emergency Contact Person/s** |
| Name |  |
| Mobile Phone |  | Other Phone |  |
| Relationship to student e.g. mother |  |
| Home address |  |
| Language(s) spoken |  | Interpreter required? | Yes | No |

 

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| **5. Permission Agreement** |
| I give permission for the students named above to attend this homework club and will arrange for him/her to get to and from the program. | Yes | No |
| I will bring the student to the homework club and sign them in on arrival and sign them out when leaving. | Yes | No |
| I authorise the student to travel from the homework club to home by themselves.  | Yes | No |
| 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(s) 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. | Yes | No |
| I give permission for the homework club coordinator to contact the school and/or teacher(s), regarding the students named above so we can work together to improve their educational outcomes. | Yes | No |
| 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 |
| I give the homework club and E-focus permission to use photographs taken during the program for the purposes of promotional materials, media reports and other publications. | Yes | No |
| **Privacy statement**: The personal information on this form is being collected for the purposes of enrolling the students in the 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 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 |  | Date |  |
| Student’s Name |  |
| Student’s Signature |  | Date |  |

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| Processed by: |
| Himilo Team Member |  | Date |  |