



Appendix B – Additional Children Information/Update Form

Please continue to complete child/ren details for each additional child and indicate the child this form is for:

- Child 1: Name _____ (Completed on the original enrolment form)
- Child 2: Name _____
- Child 3: Name _____
- Child 4: Name _____

General Details Child

What gender does this child identify with:

Title:

Date of Birth:

- Female
- Male
- Non-Binary
- Transgender
- They use a different term
- Prefer not to answer

- Miss
- Master
- Mx

First Name:

Surname:

Preferred Name:

Usual Living Arrangements

General Parent/Child Living Arrangement

- Single Parent Situation - No details for second parent to be recorded
- Two Parent One Home
- Two Parent Multiple Homes
- Other Arrangements/Changes Often

During School Term Residential Arrangement

- Child/ren usually live with PG 1 during school terms
- Child/ren usually live with PG 2 during school terms
- Child/ren Live between both homes during school terms
- Child/ren usually live with other (Grandparent or other) during school terms

During School Holidays Residential Arrangement

- Child/ren usually live with PG 1 during school holidays
- Child/ren usually live with PG 2 during school holidays
- Child/ren Live between both homes during school holidays
- Child/ren usually live with other (Grandparent or other) during school holidays

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Home Street Address:	Home Suburb:	Home State:	Home Postcode:
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Please note if your child changes home (residential) address with another parent/carer on a regular basis:

Frequency	<input type="checkbox"/> Weekly Change of home address	<input type="checkbox"/> Other Arrangement
	<input type="checkbox"/> Fortnightly Change of home address	<input type="checkbox"/> Not applicable

2nd Street Address:	2nd Suburb:	2nd State:	2nd Postcode:
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Does this affect the child's transport to and from school?

- Transport is different when residing at each address (i.e. bus route changes or other changes)
- Transport is not affected (i.e. parent drop off from both locations or same bus route applies)
- Not Applicable

Indigenous Status:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- If you have
- Neither

Have you applied for ABSTUDY for this child?

[\(Check eligibility at this link or go to MyGov Abstudy page for information\)](#)

- We have applied and are approved
- We have applied and are waiting for approval
- We have not applied – We would like more information about this funding assistance
- Our child is not eligible for this funding assistance

Country of Birth:

- Australia
- Outside Australia

Main Language Spoken at Home:

- English
- Other

Note Country of Birth if outside Australia:

Please list other languages spoken:

Has this child ever changed their name:

- Yes (Name change certificate attached)
- No name change has occurred

Is this child an Australian Citizen?

- Yes
- No

Legal Matters

Any legal matters pertaining to this child:

Please note any orders/restrictions details below:

- Family Court Orders
- Access Restrictions
- Other

Please provide copies of relevant documents to the office with completed form.

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School Details

Current Kinder/School Level:

- Kindergarten
- Primary School Prep-Year 6
- Secondary School Years 7-10

Current Primary Level:

- Prep
- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6

Current Secondary Level:

- Year 7
- Year 8
- Year 9
- Year 10

Primary Year Sought at RCCC:

- Prep
- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Not Seeking Primary

Secondary Year Sought at RCCC:

- Year 7
- Year 8
- Year 9
- Year 10
- Not Seeking Secondary Yet

Victorian School Number (VSN), if known:

Is this CH1 transferring from another school:

- Yes transferring from Kindergarten
- Yes transferring from primary school
- Yes transferring from secondary school
- Home Schooling
- Has never been schooled before

Type of previous schooling:

- Government
- Independent
- Catholic
- Other
- Hasn't attended school before

Previous school name:

Date of entry sought at RCCC:

Describe some of your child's interests and hobbies:

Describe some of your child's strengths and the things they do really well:

Child Behaviour

Has child been suspended from a previous school?

Please explain:

- Yes
- No

Has child been expelled from a previous school?

Please explain:

- Yes
- No

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Has child been dismissed from a previous school?

Please explain:

- Yes
- No

Has child been refused admission to a previous school?

Please explain:

- Yes
- No

Medical Details

Family Medicare card #:

Position of child on card:

Health cover for:

Health Cover Membership #:

- Private Health Cover
- Public Health Cover

Health Care Provider GP Name:

GP Practice Phone:

GP Practice Address:

Ambulance Cover: (The school will call an ambulance if there is an emergency in order to support your child's wellbeing. Any costs associated with this will be incurred by the family)

- No Ambulance coverage is held
- Ambulance Membership is covered (State Membership #)

Family Dental Provider Name:

Dentist Phone #:

Medical conditions affecting this child:

Regular Medication:

- Autism Spectrum Disorder
- Epilepsy
- Asthma
- Anxiety Disorder
- Allergies
- Anaphylaxis
- Drug Reactions
- Diabetes
- Phobias
- Hearing Difficulties
- Bleeding Disorder
- Frequent Blood Noses
- Cognitive Delays
- Frequent Headaches
- Cognitive Disability
- Physical Impairment
- Other
- None of the Above

- My child takes regular medication
- My child does not take regular medication
- My child uses Panadol regularly for pain

Medication Note:

Please note if medication may need to be administered at school on occasion, please see the office manager for a consent form and further details the school will require.

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Disability Details/Diagnosis

Is there a diagnosed or suspected disability:

- Suspected Disability
- Diagnosed Disability
- No Disability suspected or diagnosed
- Other (Please note)

Please state one or multiple disabilities:

- 1. _____
- 2. _____
- 3. _____

Learning development/support currently in place:

- Occupational Therapy
- Speech Therapy
- Psychological Support
- Counselling Support
- In-Class Aide Support
- Other Support (Please detail)

Allied Health Appointments in place:

- These occur at different times and locations which may interrupt school attendance
- These usually occur outside school attendance times
- I would like these to occur at school to minimize attendance disruptions
- Not currently required

Are Allied Health Reports available:

- Yes
- Not Yet
- Not Applicable

Is there a current ILP in place:

- Individual learning plan is in place (attach)
- No individual learning plan in place yet

Please bring copies to the office of any and all relevant reports, diagnosis documentation, allied health contacts and other pertinent information to help us best support your child and work with allied health recommendations. RCCC staff will meet to discuss in detail your child's individual needs and any support needed.

Other Information about my Child

Please note any further details that may help us to support their learning and development:

Please complete further sections for each child enrolment at RCCC as shown in Appendix B.

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Signatures

I agree to abide by the school procedures and policies and support my child/ren to do the same, including:

- privacy and safety policies
- mandatory reporting obligations
- bus code of conduct (where applicable to bus transport)
- head lice consent
- medication consent
- behaviour policies

I further give consent for supervised excursions from the school and by signing below, I acknowledge I am giving my child/ren permission to participate in these events for the duration of their time at the school.

Signed PG1:

Signed PG2 (if applicable):

Dated:

Dated:

I acknowledge all information provided on this form is true and accurate at this time, and any updates to information are the responsibility of the parent to communicate to the school as soon as practical.

Signed PG1:

Signed PG2 (if applicable):

Dated:

Dated:

Please tick if you would like more details about RCCC Inc. Membership

- I would like further information to become a member of RCCC Inc
- I am already a member of RCCC Inc.
- I am not interested at the moment thank you.