

# ASPLEY STATE HIGH SCHOOL AFTER SCHOOL PROGRAM ENROLMENT FORM

**Please note a \$50 administration fee must be paid to the office before your enrolment will be processed.**

Students Name	
Year Level	

**The after school program only operates on school days**

Start Date: \_\_\_\_\_ Frequency (e.g weekly, fortnightly): \_\_\_\_\_ End Date: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Please ✓ required days					
Please indicate times on the required days					
*please note that if you wish to change the days or times listed above you will need to complete a Change of Enrolment Form					

**Only the persons listed below will be able to collect enrolled students from the after school program. No student will be released unless the caregiver is listed below. Please provide details:**

Name	Relationship to student	Mobile Phone Number

**PLEASE LIST ANY MEDICAL DETAILS BELOW:**

PHYSICAL LIMITATIONS OR MEDICAL CONDITIONS WHICH MAY BE RELEVANT TO PARTICIPATION IN THIS ACTIVITY:

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DRUG ALLERGIES:

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FOOD ALLERGIES:

IS YOUR CHILD ON MEDICATION? PLEASE GIVE DETAILS OF CURRENT DOSAGE AND REQUIRED DOSAGE IN EMERGENCIES.

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I give permission for my child to participate in this activity and I agree to pay each invoice for this service by the due date. I understand that if I do not pay invoices on time my child may be withdrawn from the program. I understand that the Dept of Education and Training does not have personal accident insurance coverage for students. I understand that the teacher aide in attendance will undertake the necessary supervision of students while carrying out the planned itinerary. I authorise the teacher aide in charge, where it is impracticable to communicate with me, to consent to my child receiving such medical or surgical treatment as may be deemed necessary. Furthermore, I agree to meet any medical or hospital expenses that may be incurred on account of my child's possible injury or illness.

SIGNED:

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PARENT/GUARDIAN  
NAME:

DATE:

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PHONE  
NUMBER:

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