

Good Samaritan Catholic Primary School

Enrolment Form

Good Samaritan Catholic Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated, and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS). This form is informed by the Good Samaritan Catholic Primary School Enrolment Policy Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Child Code of Conduct if an offer of enrolment is made

Please ensure all relevant information is attached to this Enrolment Form when submitting. Please see the Parent/Guardian/Carer documentation checklist at the end of the form.

ENROLLING CHILD'S DETAILS

Surname:	
First Given Name:	
Second Given Name: (if applicable)	
Preferred First Name: (if applicable)	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described: _____
Date of Birth: (dd-mm-yyyy)	

Which year are you seeking to enrol this child?						
<input type="checkbox"/> Foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Are you seeking to enrol this child at this school full-time?	<input type="checkbox"/> Yes (<i>move to next section</i>)		<input type="checkbox"/> No	
If No, how many days a week would this child be attending this school?				
If No, provide reason you are seeking part-time enrolment:				
If No, provide details of other schools:				
<i>Other school name:</i>		<i>Days/week:</i>		<i>Has enrolment been accepted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other school name:</i>		<i>Days/week:</i>		<i>Has enrolment been accepted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD'S PERMANENT RESIDENCE

Your child's permanent residence is the address where they spend the majority of their days during the school week. If they spend an equal amount of time at two addresses, both are considered their permanent address and your child will be entitled to enrol in the designated neighbourhood school for either address.

The school may make enquiries to verify the information provided, such as checking the electoral roll at an Australian Electoral Commission office or the Victorian Electoral Commission head office; checking with a real estate agent; or checking whether there are any regulations/codes limiting the number of people living at one residence, for example, if a rental property is a studio or one bedroom unit.

No. & Street Address:			
Suburb:			
State:		Postcode:	
How often does this child live at this address?			
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)			
If the child lives at another address during the school week, please provide further details including the address who they reside with, and how many days a week the child lives there:			

CHILD LIVING ARRANGEMENTS

What are the child's living arrangements?	
<input type="checkbox"/> Child lives with parents/carers together at the same residence	<input type="checkbox"/> Child lives with each parent/carer at different times
<input type="checkbox"/> Child lives with one parent/carer only	<input type="checkbox"/> State Arranged Out of Home Care
<input type="checkbox"/> Informal care arrangement	<input type="checkbox"/> Child is independent
<input type="checkbox"/> Homeless Youth	
If the child has a Case Manager, please provide their contact details below:	

* Children who live in court-ordered alternative care arrangements away from their parents. These court-ordered care arrangements include living with relatives or friends (kinship care), living with non-relative families (foster care or adolescent community placements), and living in residential care units.

* If the child is living in an informal care arrangement, please contact the school for an Informal Carer's Statutory Declaration, which must be completed.

SACRAMENTAL INFORMATION

Religion:		Rite:	
Baptism:	Date:		Parish:
Reconciliation:	Date:		Parish:
Communion:	Date:		Parish:
Confirmation:	Date:		Parish:

SIBLINGS

A sibling is defined broadly and can include step-siblings and children residing together as part of a multiple family cohabitation or out-of-home-care arrangements, including foster care, kinship care, and permanent care.

Does the child have any siblings at Good Samaritan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Current Year Level	Reside at same residential address as the child
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Does the child have any siblings NOT attending Good Samaritan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
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Name	Date of Birth	Reside at same residential address as the child
1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

CHILD DEMOGRAPHICS

Does the child speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Does the child speak a language other than English at home? <ul style="list-style-type: none"> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes <i>(please specify the main language spoken at home):</i> _____ Is the child of Aboriginal or Torres Strait Islander origin? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander 		
Is the child a young carer (providing support/care for other family member/s)? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A young carer is a young person under 25 years of age who provides, or intends to provide care, assistance or support to a family member with mental illness, physical illness, disability, chronic illness, or who is aged or has an addiction.

CHILD RESIDENCY STATUS

• In which country was the child born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
If born overseas, on what date did the child arrive in Australia? (dd-mm-yyyy)	
_____ / ____ / ____	
What is the child's residency status? *	
<input type="checkbox"/> Australian citizen – holds Australian Passport	<input type="checkbox"/> Permanent Resident (provide visa details below)
<input type="checkbox"/> Australian citizen – eligible for Australian Passport	<input type="checkbox"/> Temporary Resident (provide visa details below)
<input type="checkbox"/> New Zealand citizen	
Visa Class:	Visa Sub Class:
Visa Expiry Date: (dd-mm-yyyy)	_____ / ____ / ____

*Note: An Australian birth certificate does not guarantee Australian residency or citizenship. Further information is available at www.passports.gov.au/getting-passport-how-it-works/documents-you-need/citizenship

Does the child hold a Bridging Visa?	<input type="checkbox"/> Yes (provide further detail below)	<input type="checkbox"/> No
If Yes, what was the child's previous visa?		

If Yes, what visa has the child applied for?		

International Child ID*: (Not required for exchange children)

*Note: If you are unsure of your International Child ID, please contact the International Education Division via phone (03 9084 8497) or via email (international@education.vic.gov.au)

CHILD MEDICAL DETAILS

Good Samaritan Catholic Primary School requires the health information requested in the section to plan for and support the health and wellbeing needs of children.

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. In the event that your child needs medical attention, school staff will contact you as soon as practically possible.

CHILD DOCTOR

Doctors Name:		_____	
Medical Centre:		_____	
Street Address:		_____	
Suburb:	_____	Postcode:	_____
State:	_____	Telephone Number:	_____

Do you have Ambulance Cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Medicare Number:	_____	Reference Number:	_____	Expiry:	_____

ASTHMA

Does the child have asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(move to next section)</i>
Has a current Asthma Management Plan been provided to the School? If No, please provide an Asthma Management Plan to the School.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child take Asthma medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the child (preventive) or only in response to symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by:		<input type="checkbox"/> Child	<input type="checkbox"/> Adult <input type="checkbox"/> Other: _____
Medication is to be stored:		<input type="checkbox"/> with Child	<input type="checkbox"/> with Staff <input type="checkbox"/> Other: _____

MEDICAL CONDITIONS

Does the child have any allergies? If yes, please provide the schools with an <u>ASCIA Action Plan for Allergies</u> .		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child at risk of anaphylaxis? If yes, please provide the schools with an ASCIA Action Plan for Allergies.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child have any other medical condition or other relevant medical assessment that the school needs to know about? If Yes, please ask the school for the appropriate medical advice form, to be completed by the treating medical practitioner and returned to the school.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, please specify:			
Symptoms:			
If the child displays any of the symptoms above, please:			
Inform emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Administer medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other medical action	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify: _____	

MEDICATION

Does the child take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the medication required during school hours? If Yes, please ask the school for a Medication Authority Form, to be completed by the treating medical practitioner and returned to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medications taken:		

Good Samaritan Catholic Primary School recognises that adjustments may be required for children with additional needs, including children with disability, so that they can participate at school. School personnel and parents or carers work together to identify the adjustments that may be needed to meet the child's learning and support needs.

Does the child have additional needs in one of the following areas?	Hearing:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify outcome): _____
	Vision:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify outcome): _____
	Speech/Language:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify outcome): _____
	Physical:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify outcome): _____
	Cognitive/Learning:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify outcome): _____
	Social/Emotional:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify outcome): _____

Does the child have additional needs and require support for learning?
<input type="checkbox"/> Yes <input type="checkbox"/> No (move to the next section)
Please indicate any adjustments that may assist the child to participate at school:

ALLIED HEALTH SUPPORT

Has the child previously accessed support from an allied health professional?	Occupational therapy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech pathology:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Physiotherapy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Exercise physiology:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Behaviour support:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Audiology:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Continence nurse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Psychologist / Counselor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Psychiatrist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pediatrician:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other:	<input type="checkbox"/> Yes (specify): _____	

Is your child currently receiving NDIS funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child had a disability assessment before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify outcome): _____
Has the child received individualised disability funding before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify outcome): _____
Has any previous education provider prepared a documented plan to support the child's additional learning needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify outcome): _____

* Please attach medical/allied health professional reports

Is the child attending a funded kindergarten program in the year before Foundation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and Address of kindergarten or early childhood service:			
Telephone No:		Group:	

* Note: A kindergarten program that is funded and approved by the Victorian Government, has a play-based learning program, and is run by a qualified teacher. Funded kindergarten programs can be found at www.education.vic.gov.au/findaservice

PREVIOUS EDUCATION – Other

Has the child previously been enrolled at another school?	<input type="checkbox"/> Yes, in Victoria – Government School	<input type="checkbox"/> Yes, in Victoria – Catholic or Independent School
	<input type="checkbox"/> Yes, interstate	<input type="checkbox"/> Yes, overseas

If Yes, name of last school attended:	
If Yes, location of last school attended: (suburb/town/state/country)	
If Yes, date of attendance: (dd-mm-yyyy)	____ / ____ / ____ to ____ / ____ / ____
If Yes, year levels of previous education:	

If the child studied overseas, what age did the child first start school?	
What was the language of the child's previous education?	

Period of interruption to education: (months/years)		Is the child repeating year level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PARENT/CARER DETAILS

Enrolling Adult 1

Surname:		Title:	
First Given Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____
Date of Birth: (dd-mm-yyyy)			

No. & Street Address:			
Suburb:			
State:		Postcode:	
Mobile:		Work Phone:	
Home Phone:		Email:	

Can we contact Adult 1 during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult 1 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult 1's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	
<input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone	
Specify any other special conditions or times related to contact.	

Child lives with Adult 1:
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%) <input type="checkbox"/> Occasionally (please specify) _____

Adult 1 Job Title:	
Adult 1 Employer:	

Is Adult 1 interested in being involved in school group participation activities? (e.g., School Council, excursions)
<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship to child:	
In which country was Adult 1 Born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
Does Adult 1 speak a language other than English at home?	
<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No, English only	
Is an Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the highest year of primary or secondary school Adult 1 has completed?
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below / no schooling
What is the level of the highest qualification that Adult 1 has completed?
<input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (Including trade certificate) <input type="checkbox"/> No non-school qualification
What is the occupation group of Adult 1? Please select the appropriate current parental occupation group from the attached list at the end of the document.
<input type="checkbox"/> • If the person has not been in <u>paid work</u> for the last 12 months, enter 'N'.

PARENT/CARER DETAILS

Enrolling Adult 2

Surname:		Title:	
First Given Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Self-described: _____
Date of Birth: (dd-mm-yyyy)			

No. & Street Address:			
Suburb:			
State:		Postcode:	
Mobile:		Work Phone:	
Home Phone:		Email:	

Can we contact Adult 2 during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult 2 usually home during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult 2's preferred method of contact: (Email shall be used for communication that cannot be sent via phone)	
<input type="checkbox"/> Mobile	<input type="checkbox"/> Email
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mail
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone
Specify any other special conditions or times related to contact.	

Child lives with Adult 2:
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced (50%)
<input type="checkbox"/> Occasionally (please specify) _____

Adult 2 Job Title:	
Adult 2 Employer:	

Is Adult 2 interested in being involved in school group participation activities? (e.g., School Council, excursions)
<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship to child:	
In which country was Adult 2 Born?	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Other (please specify): _____	
Does Adult 2 speak a language other than English at home?	
<input type="checkbox"/> Yes (please specify): _____	
<input type="checkbox"/> No, English only	
Is an Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What is the highest year of primary or secondary school Adult 2 has completed?
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below / no schooling
What is the level of the highest qualification that Adult 2 has completed?
<input type="checkbox"/> Bachelor's degree or above
<input type="checkbox"/> Advanced Diploma / Diploma
<input type="checkbox"/> Certificate I to IV (Including trade certificate)
<input type="checkbox"/> No non-school qualification
What is the occupation group of Adult 2? Please select the appropriate current parental occupation group from the attached list at the end of the document.
<ul style="list-style-type: none"> If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.
<input type="text"/>

EMERGENCY CONTACTS

Please provide emergency contacts in the event that the enrolling parent/carers are unavailable. Please ensure those listed as emergency contacts are aware that their information has been provided for this purpose.

Would you like to use the same Emergency Contacts as used for your other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name	Relationship (Neighbor, Relative, Friend or Other)	Telephone Number	Language Spoken
1			
2			

BILLING DETAILS

Send any bills to: <i>(Select one)</i>	<input type="checkbox"/> Adult 1	<input type="checkbox"/> Adult 2
Name to be used for Billing Correspondence:		
No. & Street or PO Box		
Suburb:		
State:	Postcode:	

COURT ORDERS AND OTHER CARE ARRANGEMENTS

Is there an intervention order, parenting order or any other court order impacting the child?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(move to the next section)</i>

If Yes, then complete the following questions and **present a current copy of the document to the school.**

Court Order or other access document type:	<input type="checkbox"/> Family Law Order / Parenting Order	<input type="checkbox"/> Parenting Plan / Agreement	<input type="checkbox"/> Intervention Order
	<input type="checkbox"/> Child Protection Order	<input type="checkbox"/> DFFH Authorisation	<input type="checkbox"/> Other: _____
Please provide further details of the Court Order or the access documents, and any other safety concerns:			
End Date (if applicable): (dd-mm-yyyy)			

If there are any court orders about the child, please provide copies of those orders to the school with this form.

PRIVACY STATEMENT

The personal and health information collected in this form, is required for enrolment at Good Samaritan Catholic Primary School. The information is collected to ensure accurate enrolment, and to plan for and support the educational needs of children. The information will be managed securely and accessed only by staff, on a need-to-know basis, and in accordance with the Melbourne Archdiocese Catholic Schools Privacy Policy and Procedures (www.gsroxburghpark.catholic.edu.au/our-school/our-policies/) or where mandated or allowed by law.

DECLARATION

Thank you for completing this Child Enrolment form. The information provided is required to enable staff to properly enrol your child at our school as such it is important that it is accurate and up to date.

I/We confirm that:

- **I am/We are the person/people named as completing this form.**
- **The information in this form is true and correct.**
- **I/We agree to authorise this form by electronic means with an electronic signature.**

Signature of Enrolling Adult: _____ Date: ____ / ____ / ____

Signature of Enrolling Adult (if applicable): _____ Date: ____ / ____ / ____

Please select the category that best describes who has signed and completed this form. This will assist the school with the enrolment process.

- Both parents/carers have completed and signed this form.
- Parents/carers are completing separate forms (schools can provide additional forms on request).
- One parent has completed and signed this form on behalf of both parents. Contact details for the other parent have been provided in the form for the school's use as required.
- One parent has completed and signed this form and the contact details for the other parent are unknown to the enrolling parent/carer and not provided.
- There is only one parent/carer with legal responsibility for the child and that person has completed and signed this form.
- Other, please specify: (for instance, where the contact details for the other parent are known but it is not appropriate or safe to contact them) _____

WHO CAN SIGN THIS FORM?

- A person with parental responsibility: a parent of a child under 18 years of age, subject to relevant court orders (including parenting orders made under the *Family Law Act 1975* and protection orders made under the *Children, Youth, and Families Act 2005* by the Children's Court, or other person granted parental responsibility under a relevant court order).
- A carer formally authorised by Child Protection to enrol the child: the Department of Families, Fairness and Housing (DFFH) can issue a written authorisation to the carer of a child in out of home care to make decisions about the child, in some circumstances, this will include specific authorisation to enrol the child at school.
- Informal carer: an Informal Carer is a relative or other responsible adult with whom the child lives, and who has day to day care of the child. The informal carer should provide an Informal Carer Statutory Declaration to confirm their status as an informal carer. A copy of this statutory declaration can be obtained from www.education.vic.gov.au/PAL/informal-carer-statutory-declaration-template.pdf
- Children living independently: If the child is an adult or a mature minor for the purpose of enrolment and they live independently. These children will need to be considered in accordance with the www.education.vic.gov.au/pal/decision-making-responsibilities-childs/policy
- Adult Children: a child 18 years of age or older is considered an adult and can sign their own consent form.

ENROLEMENT CHECKLIST

Please ensure that the following COMPULSORY items are attached with your application. Applications without relevant documentation cannot be processed.

- Birth Certificate
- Baptism Certificate
- Immunisation History
- Medicare Card
- Pension / Health Care Card

- Recent School Report (for Application in Year 1-6)
- Previous NAPLAN Results (where applicable)
- Visa Documentation and Immi Card (for any Applicant Not Born in Australia)
- \$50.00 Enrolment Fee (non-refundable)

OFFICE USE ONLY

Receipt Number: _____

Interview Date: _____ / _____ / _____ @ _____ **AM/PM**, held with _____

Interpreter Required: **YES** **NO** To be interpreted by: _____