

ETHNIC SCHOOL BOARD

Student Enrolment Form - 2016

SINHALA BUDDHIST SCHOOL

(Name of ethnic school authority)

1. • Surname _____
 • Given Name(s) _____
2. Place of Birth _____
 (Town / State / Country)
- Date of Birth / / Age _____ Sex: Male / Female
3. Home address _____
 _____ State _____ Postcode _____
4. Postal address (If different from above) _____
 _____ State _____ Postcode _____
- Phone (H) _____ Phone (W/M) _____
- Father's email _____
- Mother's email _____
5. Language/s spoken at home _____
6. Language taught at ethnic school _____
7. Mainstream school where the student is enrolled _____
 (Mainstream school is the school attended during week days)
- Address _____ Suburb _____
8. • Student's Year Level _____
 • Teacher at Mainstream School _____
9. Is this student an overseas full-fee paying student? Yes No
10. In case of emergency, the School should contact: Name _____
 Address _____
 Phone (H) _____ Phone (W/M) _____
11. Medical Information (Please include medication needed to be taken at school)
- Does your child have a diagnosed medical condition which might need first aid? Yes No
- If yes, please circle relevant conditions:
- Severe allergies Asthma Heart condition Diabetes Joint condition Seizures
- Other (specify) _____

Does your child need extra routine health support? (eg. Support with medication management, continence care, psychiatric issues) Yes No

If yes, the school will need a health care plan from the treating doctor/health professional.

12. Family Court Orders

Are there any current Court orders relating to this student? Yes No

If yes, please attach a copy of the order for the school's records.

If circumstances change, please inform the school immediately.

Details: _____

13. Photos:

There are times when children may be photographed or filmed. (eg. special events, newspaper articles, television news items.)

I give permission for my child to be filmed or photographed and for photos to be used for non profit promotional purposes. Yes No

Parent/Caregiver Signature: _____ Date _____

Parent/Caregiver Name _____

14. I CERTIFY THAT THIS IS THE ONLY ETHNIC SCHOOL THE STUDENT ATTENDS TO LEARN _____ (Name of language) OR MY CHILD IS ALSO ENROLLED AT _____ TO LEARN _____ (Name of language)

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS FORM AND AS STATED ABOVE IS CORRECT.

Signature of Applicant _____ *(If student is 18 years or over)*

Signature of Parent 1 _____ *(If student is 18 years or under)*

Signature of Parent 2 _____ *(If student is 18 years or under)*

Name of enrolling Parent: *Father / Mother* _____
(Please print) *(If student is under 18 years)*

Date _____

Please note: The ethnic school may not be able to accept students who require extensive support without your assistance. Ambulance and medical costs if applicable, remain the responsibility of the parent/guardian.