

STUDENT ENROLMENT FORM – please complete in English

NAME OF COMMUNITY LANGUAGE SCHOOL:

IBNID:

The names on this form must be the same as the names the student is known by or uses at the mainstream school.

<p>STUDENT PERSONAL DETAILS</p> <hr/> <p>Family name:</p> <p>Telephone No.:</p> <p>First name:</p> <p>Second name:</p> <p>Preferred name:</p> <p>Gender (male/female):</p> <p>Date of Birth:/...../.....</p> <p>Residential address</p> <p>No. & street:</p> <p>Suburb:Postcode.....</p> <p>Email:</p>		<p>Enrolment for 20..... (year)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Class level at community language school:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Name of mainstream school:</p> <p>.....</p> <p>Suburb:</p> <p>Class level at mainstream school:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Name/s of sibling/s also attending this community language school:</p> <p>.....</p> <p>.....</p> <p>.....</p> </div>
<p>STUDENT MEDICAL DETAILS</p> <hr/> <p>Does your child suffer from asthma? Yes No</p> <p>Major illness or disability:</p> <p>.....</p> <p>Allergies:</p> <p>.....</p> <p>Medications:</p> <p>.....</p> <p>Allergies to any medication:</p> <p>.....</p>	<p>→</p>	<p>IF YES:</p> <p>Medication to be given/taken during asthma attack:</p> <p>.....</p> <p>.....</p> <p>.....</p>

MEDICAL DECLARATION

In the event of illness or injury to my child while at school or an excursion, or travelling to or from school,
I authorise the principal or a senior staff member, if/where it is impossible to contact me, to consent to
emergency medical treatment as is necessary by a qualified medical practitioner.

FATHER'S/MALE GUARDIAN'S DETAILS

Family name:

Given Name:

Relationship to student:

Occupation:

Emergency contact no.:

Email address:

MOTHER'S/FEMALE GUARDIAN'S DETAILS

Family name:

Given Name:

Relationship to student:

Occupation:

Emergency contact no.:

Email address:

Signature(s) of male parent(s)/guardian(s):

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Date:/...../.....

Signature of female parent(s)/guardian(s):

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Date:/...../.....