

Student No. **WESTERN VICTORIA SRI LANKAN BUDDHIST ASSOCIATION Inc.**

Reg. No. A 0036042 Z

ABN 68 755 808 495

PO Box 545 St Albans DC Vic 3021 Australia

St Albans Sinhala Language School**Student Enrolment form - Year 2017****Student Details**

First Name	<input type="text"/>	Middle Name/s	<input type="text"/>		
Surname	<input type="text"/>	DoB	/	/	Sex
					<input type="checkbox"/> M <input type="checkbox"/> F

Mainstream/Day School:

School Name:	<input type="text"/>	Current Year Level:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No. street	suburb	post code

Parents' Details

	Father/Guardian	Mother
First Name	<input type="text"/>	<input type="text"/>
Middle Name/s	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	No. street	suburb post code

Contact Details

	Father/Guardian	Mother
Home Phone	<input type="text"/>	<input type="text"/>
Moblie	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Emergency Contact

Name	<input type="text"/>	Contact Number	<input type="text"/>
Are you a member of Western Victoria SL Buddhist Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Member Number	<input type="text"/>

I hereby certify that the above details are true and correct to my knowledge. I also agree to respect and follow the rules and regulatons of the St Albans Sinhala Language School.

Name of Parent/Guardian	Signature	Date
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Accident Declaration

In the events of illness or injury to my child whilst at school, or on an excursion, or traveling to or from school, I authorize the Principal or senior staff member-in-charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf and are deemed necessary by a qualified medical practitioner. Such consent includes anesthetics, blood transfusions and/or operations.

"I give my consent for any videos or photos of my child which will be taken during school hours/school activities, to be used in future television productions, news paper articles and other forms of media".

Signature	Date
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For office use only

Class enrolled	<input type="text"/>	Date enrolled	<input type="text"/>
Signature	<input type="text"/>	Payment	Date
			R/No.