

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 2018

Student Details

First Name	<input type="text"/>	Middle Name/s	<input type="text"/>
Surname	<input type="text"/>	DoB	<input type="text"/> / <input type="text"/> / <input type="text"/>
		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. <input type="text"/> street <input type="text"/>	suburb <input type="text"/>	post code <input type="text"/>

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. <input type="text"/> street <input type="text"/>	suburb <input type="text"/> post code <input type="text"/>

Contact Details

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

Is your child:

An Australian Citizen/Permanent resident ? Yes No

A Full -fee paying international student Yes No

Other

If other, Please specify _____

Is your child **currently** enrolled at another community Language school to learn the same Language ? Yes No

If yes , Which school ? _____

Has your child **ever been enrolled** at another community Language school to learn the **same** language ? Yes No

If yes , Which school ? _____

Privacy collection Notice - Protecting your privacy and sharing information

The information about your child and family collection through this enrolment form will only be shared with school staff who need to know to enable the community Language school and Department of Education and Training (Department) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at: <http://www.education.vic.gov.au/pages/privacy.aspx>

Parent/Guardians privacy Consent and Declaration

I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form. I consent to:

- the collection of my child's health and personal information by the community language school;
- the community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;
- the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency;
- 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, newspaper articles and other forms of media

Name of Parent/Guardian: _____

Signature of Parent/ Guardian: _____

Date: ____ / ____ / ____

For office use only

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