

KHALSA PUNJABI SCHOOL
127 Whitehorse Road, Blackburn
VIC 3130
Postal address: PO BOX 146,
Blackburn, VICTORIA 3130



ETHNIC SCHOOL ENROLMENT FORM

STUDENT'S PERSONAL DETAILS

Family Name: _____ Given Name: _____
Date of Birth: _____ Sex: (Male/Female) _____
Address: _____
Postcode: _____ Telephone: _____
Email: _____
Name of Mainstream School: _____
Suburb: _____
Year Level in day School: _____ Year Level in Ethnic School: _____

FATHER'S/MALE GUARDIAN'S DETAILS

Family Name: _____ Given Name: _____
Relationship with Student: _____ Country of Birth: _____
Emergency Contact Number: _____
Vaccination confirmation – Full / Partial

MOTHER'S/FEMALE GUARDIAN'S DETAILS

Family Name: _____ Given Name: _____
Relationship with Student: _____ Country of Birth: _____
Emergency Contact Number: _____
Vaccination confirmation – Full / Partial

Is your child:

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Vaccinated | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| An Australian citizen/Permanent resident? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A full-fee paying international student? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other | | <input type="checkbox"/> | | |

If other, please specify: _____

Is your child **currently** enrolled at another community language school to learn the **same** language?

Yes
No

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If Yes, which school? _____

Privacy Collection Notice - Protecting your privacy and sharing information

The information about your child and family collected 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>

List any allergies or medical condition(s) the student is suffering

Signature of Parent/Guardian: _____ **(Father/Mother/Guardian)**

Accident Declaration

In the event of illness or injury to my child whilst at the school, or an excursion, or travelling to or from the school, I authorise the Principal or senior staff member in-charge of my child, where it is impractical to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner, such consent includes anaesthesia or blood transfusion and operations.

Signature of Parent/Guardian: _____

Parent/Guardian 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.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____ / _____ / _____
 dd *mm* *yyyy*