

WESTERN VICTORIA SRI LANKAN BUDDHIST ASSOCIATION Inc.

Reg. No: A 0036042 Z | ABN: 68 755 808 495 | Address: 663 Neale Road, Deanside VIC 3335

Student No.

Paramitha Sinhala Language School Student Enrolment form - 2023



Student Details

First Name: Middle Name:
Family Name:
DoB: Sex: M F Religion/s:
D D / M M / Y Y Y Y
Residency Status (Australian citizen/ Permanent resident/ Other):

Mainstream/ Day School

School Name:
Current Year Level:
Address:
No. Street Suburb Post Code

Parent's Details - Father/ Guardian

First Name: Middle Name:
Family Name:
Address:
No. Street Suburb Post Code
Mobile No: Phone No:
Email:

Parent's Details - Mother

First Name: Middle Name:
Family Name:
Address:
No. Street Suburb Post Code
Mobile No: Phone No:
Email:

Emergency Contact

Name:
Relationship to the child:
Contact Number:

Membership of WWSLBA

Are you a member of Western Victoria SL Buddhist Association?
 Y N
Member Number

Student's Special Skills

Does the student possess any special skills - Ex: singing, dancing, Performing, Playing any instrument etc. Please give details:

Student Medical Details and Consent

Medicare/ Health Insurance No:

Does the student have any severe medical condition or allergy reaction? Y N

If yes, please specify:

Current Medical Practitioner's Name

Address

No. Street Suburb Post Code

Medical Declaration (If the parents/ emergency contacts are unable to contact during an emergency)

In the event of illness, injury to my child while at school, an excursion or travelling to or from school during the excursion, I authorise principal/coordinator or a senior staff member to attend to emergency medical treatment with ambulance victoria. Y N

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: <https://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

.....
Date

For office use only

Class Enrolled

Signature

Date Enrolled
D D/ M M/ Y Y Y Y

Payment

Date	<input type="text"/>
R/No.	<input type="text"/>