

STUDENT ENROLMENT FORM 2025*

NAME OF COMMUNITY LANGUAGE SCHOOL: **North Shore Polish 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

STUDENT PERSONAL DETAILS

CONTACT INFORMATION

Student's First Name	Parent's / Carer's Name
Student's Last Name	Parents occupation
Date of birth DD/MM/YYYY Gender M/ F/	Phone number
Residential address	Parent's / Carer's Email
Name of Australian school (current year) /Pre-school, Kindergarten, K-10/	Emergency phone numbers (other than Parent's contact number)
Address of Australian school (current year)	STUDENT MEDICAL DETAILS Medical conditions / special needs / learning difficulties
Current year in Australian school	Student's doctor name and phone number
Signature of parent /guardian	Additional information

*Please complete the information in capital letters in English and use the same name as in mainstream school.

