

STUDENT ENROLMENT FORM

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IBNID: 5435

NAME OF THE COMMUNITY LANGUAGE SCHOOL: **North Shore Polish Saturday School**

NOTE: The student name on this form must be the same as the name she/he is enrolled at the mainstream school.

STUDENT DETAILS & CONTACT	
First Name: Second Name: Family Name: Preferred Name: Phone number: Gender: M F Date of Birth: DD / MM / YYYY <p style="text-align: center;">Residential Address</p> No/ Street name: Suburb: Postcode: NSW Anaphylaxis allergies and medications: Medical Conditions /Special Needs: Learning Difficulties:	Allocated class level at the NSPSS: <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> e.g. Pre-school, Kindergarten, Year 1, Year 2, Year 3, Year 4... Mainstream school name and street address: Suburb: Class at mainstream school: Sibling(s) also attending NSPSS: <div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> Family GP name and phone number:

***/ Pre-School to Year K - 6**

When filling in this form, **please** print clearly in English using only **CAPITAL LETTERS**. Enter your child **Family Name** and **Given Name as it appears on formal documents in the mainstream school**. **Preferred Name/ Nickname**, is optional and is not going to be used in formal papers. Please provide full name and address of the mainstream school your child is attending in current year. **When completed, save this form adding your child name and date (student_enrolment_form_NSPSS_Child Name_YYYY) and print to sign on page two (2).**



STUDENT ENROLMENT FORM 2020*

FATHER'S/ GUARDIAN'S DETAILS

Family Name:

Given Name:

Relationship to Student:

Occupation:

Mobile phone:

MOTHER'S/ GUARDIAN'S DETAILS

Family Name:

Given Name:

Relationship to Student:

Occupation:

Mobile phone:

Email:

Emergency phone numbers:
Other than Parent's contact number

Email:

Emergency phone numbers:
Other than Parent's contact number

Father/Guardian signature:

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Date: DD / MM / YYYY

Mother/Guardian signature:

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Date: DD / MM / YYYY

