



AUSTRALIAN MARATHI VIDYALAYA

School address: Glenwood Public School, Belmont road, Glenfield NSW 2167.

School hours: Sunday 2.30 pm to 5.00 pm during the school term

IBNID 78-1159

Enrolment form

Note: If the child was enrolled for year 2009 in Australian Marathi Vidyalaya and all given information not been changed since, then just fill up family name, student name & sign.

The names on this form must be the same as the names the students known by or uses at the mainstream school.

<p>STUDENTS PERSONAL DETAILS</p> <p>Family Name:</p> <p>Telephone No:</p> <p>First Name:</p> <p>Second Name:</p> <p>Preferred Name:</p> <p>Gender (Male/Female):</p> <p>Date of Birth:/...../.....</p> <p>Residential Address Number and Street</p> <p>Suburb:</p> <p>Postcode:</p>	<p>Enrolment for 20.....</p> <p>Class level at community language school</p> <p>Name of mainstream school:</p> <p>Suburb:</p> <p>Class level at mainstream school:</p> <p>Names of siblings also attending this community language school:</p>
<p>STUDENTS MEDICAL DETAILS</p> <p>Does your child suffer from asthma? Yes No →</p> <p>Major Illness or disability:</p> <p>Allergies:</p> <p>Medications:</p>	<p>IF YES:</p> <p>Medication to be given/taken during asthma attack:</p>

Email Address: _____



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Allergies to any medication:

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MEDICAL DECLARATION

In the event of illness or injury to my child while at school or an excursion, or travelling to or from school, I authorise the principal or a senior staff member, if/ where it is impossible to contact me, to consent to emergency medical treatment as is necessary by a qualified medical practitioner.

FATHER/MALE GUARDIAN DETAILS

Family Name:

Given Name:

Relationship to Student:

Occupation:

Emergency Contact No:

MOTHER/FEMALE GUARDIAN DETAILS

Family Name:

Given Name:

Relationship to Student:

Occupation:

Emergency Contact No:

Signature of male parent/ guardian:

Date:/...../.....

Signature of female parent/ guardian:

Date:/...../.....