



WESTERN REGION BANGLA SCHOOL

ABN 67 209 290 566

REGISTRATION ID: A0062242R

ENROLMENT FORM

Student Details:	Enrolment Year:	<input type="text"/>
Student Surname:	<input type="text"/>	
Student First Name:	<input type="text"/>	
Student Middle Name(s):	<input type="text"/>	
Student Date of Birth:	<input type="text"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
Student Mainstream School Name:	<input type="text"/>	
Student Mainstream School Year Level:	<input type="text"/>	
Name of previous Community Language School:	<input type="text"/>	
Residential Address:	<input type="text"/>	
Suburb:	<input type="text"/>	Postcode: <input type="text"/>
Student Residential Status:		
<input type="radio"/> Australian Citizen/PR <input checked="" type="radio"/> Full-fee paying international student		
Parent Details:		
Father	Mother	
Full Name: <input type="text"/>	Full Name: <input type="text"/>	
Home Phone: <input type="text"/>	Home Phone: <input type="text"/>	
Mobile Phone: <input type="text"/>	Mobile Phone: <input type="text"/>	
E-mail: <input type="text"/>	E-mail: <input type="text"/>	

Emergency Contact Details:

(Only if different from parent)

Emergency Contact Name:

Relation to student:

Emergency Contact Phone:

Student Medical Information:

Does your child have any learning difficulty and/or medical condition (E.g. asthma, epilepsy, allergies etc.)?

Yes No

If yes, please specify and provide a detail medical care plan.

Permission to use Child's Photographs and Video:

Do you want to give permission to publish your child's photographs or video in WRBS & VBCF social media and other digital and print media?

Yes No

Parent/Guardian Declaration Agreement

I certify that the information provided on this form is true and correct and:

- * Agree to the school's terms and conditions of enrolment
- * Authorise, where applicable, the Principal or teacher in charge (where the Principal or teacher in charge is unable to contact me, or it is otherwise impractical to contact, me to: (cross out any unacceptable statement)
- * Consent to my child receiving such medical or surgical attention as may be deemed administer first aid as necessary
- * Administer such first aid as the Principal or staff member may judge to be reasonably necessary

Enrollment Fee: \$10/Student (Please Submit/Upload the payment receipt)

Bank Details:
Account Name: WRBS
BSB: 033 695
Account no.: 546 923

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.

Privacy Statement:

All the above collected information by WRBS about the students and their families will be kept private and only will be used following the DET's standardized School's Privacy Policy (<https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>). Following the policy ensure WRBS is complying current privacy legislation and department policy.

Signature: Parents/Guardian's signature

Father Mother Guardian

Date:

WRBS follows the Vic Governments Child safety policies