



# WESTERN REGION BANGLA SCHOOL

ABN 67 209 290 566

REGISTRATION ID: A0062242R

## ENROLMENT FORM

Student Details:		Enrollment Year:	
Student Surname:			
Student First Name:			
Student Middle Name(s):			
Student Date of Birth:		Gender:	<b>Male</b> <b>Female</b>
Student Mainstream School Name:			
Student Mainstream School Year Level:			
Residential Address:			
Suburb:		Postcode:	

Student Residential Status:	
<b>Australian Citizen/PR</b>	<b>Full-fee paying international student</b>

Parent Details:	
<b>Father</b>	<b>Mother</b>
Full Name:	Full Name:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
E-mail:	E-mail:

### 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

### Signature: Parents/Guardian's signature

Father      Mother      Guardian

Date:

**WRBS follows the Vic Governments Child safety policies**