NSW Community Languages Schools Program

STUDENT ENROLMENT FORM – please complete in English

NAME OF COMMUNITY LANGUAGE SCHOOL: HARMONY RUSSIAN SCHOOL of Sydney Inc.

IBNID: ……

<u>The names on this form must be the same as the names the student is known by or uses at the mainstream school.</u>

STUDENT PERSONAL DETAILS

Family name: ……....

Telephone No.: ……

First name: …..……..

Second name: ……..……

Preferred name: ……..……

Gender (male/female): ……

Date of Birth: ……../…..……/…...…….

Residential address

No. & street: ……

Suburb: ……..……

Postcode: ……

Enrolment for 20……
(year)

Class level at community language school: ……

Name of mainstream school: ……

……

Suburb: ……..…

Class level at mainstream school: ……

Name/s of sibling/s also attending this community language school:

……...

……..

……..……

STUDENT MEDICAL DETAILS

Does your child suffer from asthma? Yes No

Major illness or disability: ……..……

……..…

Allergies: ……..

……..……

Medications: ..……..……

……..……

Allergies to any medication: ……... ……

……

IF YES:

Medication to be given/taken during asthma attack:

……

….

……..……

……..……

……....

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'S/MALE GUARDIAN'S DETAILS

Family name: ……..……

Given Name: …….

Relationship to student: …….

Occupation: ……..

Emergency contact no.: ……

MOTHER'S/FEMALE GUARDIAN'S DETAILS

Family name: ……..……

Given Name: …….

Relationship to student: …….

Occupation: ……..

Emergency contact no.: ……

Signature(s) of male parent(s)/guardian(s):

……..

Date: ……/……..……/……

Signature of female parent(s)/guardian(s):

……..

Date: ……/……..……/……

EMAIL:_____

HARMONY Russian School of Sydney Inc.

PERMISSION TO PUBLISH STUDENT'S WORK OR PHOTOGRAPHS

Dear parent or caregiver,

I am seeking your permission for photographs of _____
Student's Name
to be taken during school activities and to publish the photographs and or work on
_____
School's Newsletter, School's Website, etc.
If published, third parties would be able to view the photographs and/or work.

If you sign the attached form it means that you agree to the following:
HARMON Russian School of Sydney Inc.

_____

«ГАРМОНИЯ» РУССКАЯ ШКОЛА
Name of Community Language School

is able to photograph and publish photographs/work of your child as many times as it requires in the ways mentioned above.

1. Your child's photograph/work may be reproduced either in colour or in black and white.
2. Your child's photograph/work will not be used for any purpose other than for general promotion of languages education in Community Language School.
3. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
4. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/work.

If you agree to permit the Community Language School to take photographs of your child, and to publish the photographs/work of your child, in the manner detailed above, please complete the consent form and return it to the Community Language School by
_____
___
Date
This consent, if signed, will remain effective until such time as you advise the Community Language School otherwise.

Yours sincerely,

HARMONY RUSSIAN SCHOOL OF SYDNEY Inc

Consent Form for Publication of Student's Work or Photographs

I agree to the publication of my child's photographs/work as outlined above. I will notify the Community Language School if I decide to withdraw this consent.

Student's name: _____

Signature of parent/caregiver: _____ Date: _____