



P.O. Box 1142, Broadway, NSW 2007

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ENROLMENT APPLICATION FORM 2012

CHILD'S PERSONAL DETAILS

Family Name:

First Names:

Gender: Male/Female

Date of Birth:

Residential Address:

.....

.....

Language: Czech/Slovak

PERSONAL DETAILS OF PARENTS/GUARDIANS

Parent/Guardian 1

Parent/Guardian 2

Family Name: Family Name:

First Name: First Name:

Residential Address:..... Residential Address:

.....

.....

Phone: home

mobile

Phone: home

mobile.....

Email: Email:

SCHOOL INFORMATION

In which year will your child start school in Sydney?

In case your child already attends school, please provide us with the following:
(This information is used for the Australian Department of Education)

Name of the school:

Address of the school:

CHILD'S MEDICAL DETAILS

Does your child suffer from asthma? YES Medication given during asthma attack:
.....
.....
NO

Allergies:
.....

Medications:
.....

Major illness/disability:
.....

Allergies to any medication:
.....

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 (print your name).....

authorise the principal or a senior staff member, if/where it is possible to contact me, to consent to emergency medical treatment as is necessary by a qualified practitioner.

Signature

Who shall be contacted in the case of emergency?

Name:

Telephone Number: