



www.czechandslovakschoolofsydney.org.au

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ABN 35 316 217 405

ENROLMENT APPLICATION FORM 2017

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 Phone: home

mobile mobile.....

Email: Email:

SCHOOL INFORMATION

In which year will your child start *mainstream* school in Sydney?

.....

In case your child **already attends mainstream 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 not 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:

PERMISSION TO USE PHOTOGRAPH(S)

I hereby give my permission to the *Czech and Slovak School of Sydney* to photograph
my child _____ (child's name)
and use his/her image(s) in their promotion activities (school's website).

I understand I will be advised beforehand of any proposed use of the image and can withdraw my
permission at any time.

Parent/ Guardian Details

Name: _____

Phone : _____

Signature: _____