



[www.czechandslovaksschoolofsydney.org.au](http://www.czechandslovaksschoolofsydney.org.au)

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ABN 35 316 217 405

## **ENROLMENT APPLICATION FORM 2020**

### **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: \_\_\_\_\_