



வென்றவேத்தில் தமிழ்க் கல்வி நிலையம்

WENTWORTHVILLE TAMIL STUDY CENTRE

(Girraween Public School, Bando Road, Girraween, NSW 2145)

**Postal Address**

PO Box: 557

Wentworthville, NSW 2145

Email: [info@wtsc.org.au](mailto:info@wtsc.org.au)

Web: <http://www.wtsc.org.au>

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

## STUDENT INFORMATION UPDATE FORM-2012

(1. Please read privacy note in section C 2. Please complete this form in English, unless requested otherwise )

### PART A: STUDENT DETAILS

Surname in English			
தமிழில் குடும்பப்பெயர்			
First Name in English			
தமிழில் முதற்பெயர்			
Date of Birth		Gender	F / M
Residential Address			
Suburb		Postcode	
Date of Tamil School Entry			
Name of Week Day School (Main Stream School)		Class at Week Day School (Main Stream School)	

### PART B: PARENTS' / GUARDIANS' DETAILS

Father / Guardian Surname		Preferred Title	Dr / Mr / Rev
First Name			
Phone (Home)		Phone(Work)	
Phone (Mobile)		Email	
Mother / Guardian Surname		Preferred Title	Dr / Mrs / Ms
First Name			
Phone (Home)		Phone(Work)	
Phone (Mobile)		Email	

**PART C: EMERGENCY CONTACT** (Please provide two emergency contacts)

Name 1		Relationship	
Phone(Home)		Phone(Mobile)	
Name 2		Relationship	
Phone(Home)		Phone(Mobile)	

**PART D: DECLARATION**

- I/We certify that all personal details supplied with this information form are true and correct.
- I/We give permission to use my child's details for the purpose of applying for and monitoring funding under the Community Language program (CLP). It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of program implementation.
- I/We give permission to use my child's photo/work in Tamil School's publication, including internet publication as many times as it requires.
- I/We acknowledge and accept the rules and regulations as set out in the Information booklet.

**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 or committee members, if/where it is impossible to contact me, to consent to emergency medical treatment as is necessary by a qualified medical practitioner**

<b>Signature (Parents/Guardians)</b>		<b>Date</b>	
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**PRIVACY OF INFORMATION**

The information requested in this form is required for the purpose of applying for and monitoring funding under the Community Language program. It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of program implementation. Wentworthville Tamil Study Centre has a policy that covers the security, confidentiality and privacy of information obtained.

**OFFICE USE ONLY**

Date Updated	
<b>Signature of Officer</b>	