



வென்றவேதவில் தமிழ்க் கல்வி நிலையம்
Wentworthville Tamil Study Centre Inc

PO Box 557 Wentworthville NSW 2145

info@wtsc.org.au
www.wtsc.org.au

APPLICATION FOR ENROLMENT - 2020

Age limit for admission in 2020: Kids born on or before 31/07/2017

The names given should be the same as the student is known as in mainstream school.
மாணவரின் பெயர் பிரதான பாடசாலையில் மாணவரின் பெயரை ஒத்ததாக இருத்தல் அவசியமானதாகும்

* Please read privacy note in Part G * 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	
Name of the Mainstream School			
Class at Mainstream School		Date of School Entry	Tamil

PART B: PARENTS' / GUARDIANS' DETAILS			
Parent/ Guardian (1) Surname		Title (eg. Mr/Ms/Mrs/Dr)	
First Name			
Home Telephone		Mobile	
Email (primary contact)			
Parent/ Guardian (2) Surname		Title (eg. Mr/Ms/Mrs/Dr)	
First Name			
Home Telephone		Mobile	
Email (primary contact)			

PART C: EMERGENCY CONTACT

Please provide two emergency contacts.

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

PART D: DETAILS OF SIBLINGS[†]

Please provide details of your all other children currently studying at Wentworthville Tamil Study Centre

First Name (1)			
தமிழில் முதற்பெயர்			
Relationship to Applicant		Year joined at Tamil School	
Date of Birth		Gender	F / M
Mainstream School		Class at Mainstream School	
First Name (2)			
தமிழில் முதற்பெயர்			
Relationship to Applicant		Year joined at Tamil School	
Date of Birth		Gender	F / M
Mainstream School		Class at Mainstream School	
First Name (3)			
தமிழில் முதற்பெயர்			
Relationship to Applicant		Year joined at Tamil School	
Date of Birth		Gender	F / M
Mainstream School		Class at Mainstream School	
First Name (4)			
தமிழில் முதற்பெயர்			
Relationship to Applicant		Year joined at Tamil School	
Date of Birth		Gender	F / M
Mainstream School		Class at Mainstream School	

† Please use separate sheet if necessary

PART E: STUDENT MEDICAL DETAILS

Please provide details if the child suffer from any of the below

Does your child suffer from Asthma?	Yes / No If yes, provide details with medication to be given / taken during asthma attack.
Major Illness or disability	
Allergies	
Medication	
Allergies to any medication	
Does the student identified as ' <i>Children with special learning needs</i> ' at the mainstream school? If YES, please provide detail of the special need requirement: (Please use separate sheet along with any other necessary attachments).	YES / NO

CONDITIONS OF ENROLMENT

1. GENERAL

The completion and signing of this Application for Enrolment signifies your acceptance and agreement with the conditions relating to the payment of fees and charges and to any other condition or rule which may be implemented by the executive committee or its representatives to ensure the orderly conduct of the School.

2. CLASS ROOM ALLOCATION

The new enrolment will be randomly allocated to different division of the same class OR will be allocated to the division which has less number of students, if the class has more than one division. The class allocation will also depend on the student's fluency in Tamil language.

3. ATTENDANCE AND ABSENCE

A student is expected to attend throughout the school year, which is divided into four terms. Absence to the classes may affect the outcome of competitions conducted by the School and participation of School's cultural festival (fiy tpoh) and any other events organised by the School from time to time.

4. DICIPLINE

Enrolment signifies agreement with the rules and regulations of the School (as published from time-to-time) and intention to abide thereby.

PART F: APPLICATION and DECLARATION

- I/We apply to have my/our child admitted to the School as stated in the personal details.
- I/We certify that all personal details supplied with this application are true and correct.
- I/We acknowledge and accept the rules and regulations as set out in the Information booklet, a copy of which I/we have received and read.
- I/We have read and understood the School's Duty of Care Policy.
- 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/our child's photo, video & work in any communication of the School in print and or electronic form including but not limited to the annual school magazines and publications, the school's official Facebook page and the School website.
- In the event of Acceptance by the School, I/we agree to be responsible for the payment of all fees and charges and to be bound by the regulations that may from time to time be made for the conduct of the School and the Conditions of Enrolment as stated at the above of this page (page 3) of this Application for Enrolment.
- I/We understand that the School's primary mode of communication with me/us regarding my/our child is via email.

MEDICAL DECLARATION GENERAL

- 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.

SIGNATURE OF APPLICANTS

Signature (Parent/ Guardian)		Date	
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PART G: PRIVACY OF INFORMATION

The information requested in this form is required for the purpose of the enrolment of a student by the School. Wentworthville Tamil Study Centre Inc. has a policy that covers the security, confidentiality and privacy of information obtained.

OFFICE USE ONLY

Date of application received	
Application accepted	Yes / No
Tamil School Class	
Student number	
Family Number	
Signature of Principal	