



வென்றவேதவில் தமிழ்க் கல்வி நிலையம்

WENTWORTHVILLE TAMIL STUDY CENTRE INC.

(Girraween Public School, 9 Bando Road, Girraween NSW 2145)

PO Box 557

Wentworthville NSW 2145

Email: info@wtsc.org.au

Web: www.wtsc.org.au

www.facebook.com/tamilstudy/

To be filled by existing students only. Not for the use of new students. New students should fill the enrolment form. The names and other details given in this form should be the same as the student is known as in the main stream school.

மாணவரின் பெயர் மற்றும் விபரங்கள், பிரதான பாடசாலையில் மாணவரின் பெயர் மற்றும் விபரங்களை ஒத்ததாக இருத்தல் மிகவும் அவசியமானதாகும். இப்படிவத்தை கடந்த ஆண்டு அல்லது அதற்கு முன்னதாக சேர்ந்த மாணவர்கள் நிரப்புதல் வேண்டும். புதிய மாணவர்கள், அனுமதிக்கான விண்ணப்பப் படிவத்தை நிரப்புகல் வேண்டும்.

**PLEASE FILL THE FORM COMPLETELY.
INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

இப்படிவத்தை பூரணமாக நிரப்பவும். பூரணப்படுத்தப்படாத படிவங்கள் ஏற்றுக்கொள்ளப்படமாட்டாது.

STUDENT INFORMATION UPDATE FORM-2019

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

PART A: STUDENT DETAILS		Class at Tamil School	
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		If re-joining, last year studied at Tamil school	
Name of the Main Stream School		Class at Main Stream School	

PART B: PARENTS' / GUARDIANS' DETAILS			
Parent/ Guardian -1 Surname		Preferred Title	Dr / Mr / Rev
First Name			
Phone (Home)		Phone(Work)	
Phone (Mobile)		Email	
Parent/ Guardian -2 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: STUDENT MEDICAL DETAILS	
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?	Yes / No If Yes, please provide detail of the special need requirement: (Please use separate sheet along with any other necessary attachments).

PART E: DECLARATION			
<ul style="list-style-type: none"> 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			
<ul style="list-style-type: none"> 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 (Parents/ Guardians)		Date	

PART F: 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			
Signature of Officer		Date Updated	