



Melbourne Swedish Community School Ass Inc

Student Enrolment Form 2010

Student Personal Details

Enrolment date

Family name

Given name

Address

Suburb Postcode.....

Telephone

Date of birth Male/Female (Please circle)

Country of citizenship

Name of day schoolGrade.....

Any medical condition we should be aware of?
.....

Family Doctor.....Telephone

Medicare no:..... Ambulance subscription: Yes / No

Contact person during Saturday school hours:
Telephone:.....Mobile:.....

- Yes, I want school letters and info on this e-mail address:
.....
- Yes, I want school letters and info on this fax no:
- No, I cannot be reached by e-mail or fax and prefer to get normal mail.

If you have a *current* First Aid Certificate and are willing to help out by being available during school hours occasionally, please print your name and phone number below and we will contact you in due course.

Name:.....

Mother/Guardian

Full name:..... Telephone.....

Country of citizenship..... Mobile.....

Address (if different from above).....

Father/Guardian

Full name:..... Telephone.....

Country of citizenship..... Mobile.....

Address (if different from above).....

Regarding the school's web page we would like to show a few pictures of the students in different activities within our school. We are also distributing class lists with the students' phone numbers within their class. To do so we need your signature of approval. Please tick appropriate boxes:

- I hereby give permission for my child's/children's (insert names; first name or first name and surname).....picture(s) and name(s) to appear in the school's **publications** or on the school's **web page**.
- I prefer if my child's name or picture do not appear in any of the above.
- I would like my child's/children's name(s) and phone number to be made available on the forthcoming **class list**. The class list will be handed out only to the families in the same class as my child/children.
- I prefer my child's name and phone number not to appear on the class list.

So long as the school does not exceed the above, I agree that it cannot be held liable in relation to any potential or future claims or actions.

Name of parent/guardian:

Signature of parent/guardian:

We are constantly looking for parents who are interested in giving a **helping hand in the classroom** to assist our teachers on a regular as well as on an occasional basis. Please do not hesitate to contact any of the teachers or simply write your name and phone no here. Thank you.

Name:Phone no:

If you on the other hand would like to be involved with **assisting the committee**, please let us know or sign you name and phone number here and we'll contact you.

Name:Phone no:

WELCOME!!

Hand or mail the enrolment form to: Per Halvarsson, 4 Napoleon Road, Ferntree Gully VIC 3156 or scan a copy and send to per_halvarsson@hotmail.com