



<b>Student Personal Details</b>			
Family Name:		Given Name:	
Address:			
Suburb:		Postcode:	
Student Mobile:			
Student email:			
Date of Birth:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Country of Citizenship:	Swe: <input type="checkbox"/>	Aus: <input type="checkbox"/>	Other (specify):
Home School:			Phone No:
Student No:			
Year Level:		Year Level Swedish School:	
Correspondence:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Class: <input type="checkbox"/>
			Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>
Medical Condition that the School need to be aware of:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If Yes – please specify:			
Family Doctor:		Phone No:	
Medicare No:	Ambulance Subscription:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Contact person during school hours:			
Telephone:		Mobile:	
Parent(s) email/fax no for general info:			
I cannot be reached by email or fax or email and prefer to get normal mail:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>Parent/Guardian Details</b>			
<b>Mother/Guardian:</b>			
Name:		Telephone:	
Citizenship:		Mobile:	
Address (if different from above):			
<b>Father/Guardian</b>			
Name:		Telephone:	
Citizenship:		Mobile:	
Address (if different from above):			



Regarding the school's website, 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 the appropriate boxes:
<input type="checkbox"/> I hereby give permission for my child's/ children's (insert first name and surname):
picture(s) and name(s) to appear in the school's <b>publications</b> or on the school's website
<input type="checkbox"/> I prefer if my child's name or picture <b>do not</b> appear in any of the above
<input type="checkbox"/> I would like my child's/children's name(s) and phone number to be made available on the forthcoming <b>class list</b> . The class list will be handed out by the teachers and only to the families in the same class as your child/children
<input type="checkbox"/> I prefer my child's name and phone number <b>not</b> to appear on the class list
So long as the school does not exceed the above, I agree that I cannot be held liable in relation to any potential or future claims or actions
Print name:
Signature:

Please do not hesitate to contact the Swedish School:  
[kontakt@svenskaskolanmelb.org.au](mailto:kontakt@svenskaskolanmelb.org.au)

or the VCE teacher:  
[vce@svenskaskolanmelb.org.au](mailto:vce@svenskaskolanmelb.org.au)

**Please post your enrolment form to:** Sara Hansen  
202 Brunswick Road  
Brunswick VIC 3056

**Or email a copy to:** [sara.hansen@bigpond.com](mailto:sara.hansen@bigpond.com)

**WELCOME! VÄLKOMMEN**