



SOUTHLAND HINDI SCHOOL ENROLMENT FORM

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss/ Ms/ Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: (dd-mm-yyyy) _____ / _____ / _____	
Ethnicity:			

PRIMARY FAMILY HOME ADDRESS:

No. & Street:	
Suburb:	
State:	Postcode:
Country:	
Telephone Number:	Mobile:
Email:	

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level				
Immunisation Certificate received?: (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

FAMILY DETAILS

List any other family members attending this school:

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with".

ADULT A DETAILS (PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr.)
Surname:
First Name:
Mobile:
Address:

ADULT B DETAILS:

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr.)
Surname:
First Name:
Mobile:
Address:

EMERGENCY CONTACT:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Contact Details
1			
2			

OTHER PEOPLE WHO CAN PICK UP YOUR CHILD:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Contact Details
1			
2			
3			

ADDITIONAL INFORMATION:

Does your child have any particular needs that we should be aware of (e.g. medication, allergies, dietary requirements, cultural information)? Is there anything else we should know in order to take good care of your child? (Please tick box/es as applicable).

Medication (and dosage)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Allergies:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dietary Requirements:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cultural Information:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes

CUSTODY AND PROTECTION ORDERS:

<p>If a Custody Order or Protection Order is in place, a copy must be filed with the Programme. In the case of a protection order, the person with custody must also provide the following information:</p> <p>Persons with right of access to the child:</p> <hr/> <p>Special access conditions:</p> <hr/> <p>Persons forbidden access to the child by law:</p> <hr/> <p>Description / photograph of barred persons:</p> <hr/> <p>If there are any specific fears of a breach of orders (particularly Protection Orders), please advise the Programme Supervisor. This is particularly relevant where there have been suggestions that a person may attempt to breach the order while the child is at school.</p>

BANKING DETAILS:

<p>If you want to pay fees via online transfer, please transfer fees to the following account:</p> <p>Southland Migrant Walking Together Organisation Bank ASB Account Number: 12-3154-0155148-00</p> <p>Reference; First two letters of your surname and first two letters of your Childs's name. for e,g Jhon Singh. Reference will be Si Jh</p>

ADDITIONAL INFORMATION:

Yes No I give my child the permission to participate in Local Excursions organised by the school.

Yes No I give permission to school staff to administer the medications listed on Page 3. (strike out if no medication required).

Yes No I give permission for my child's photo to be used for the Newsletter / Newspaper articles/Social Media and on school website for marketing purposes.

Yes No I give permission to staff to administer first aid and seek emergency treatment for my child if necessary.

Signed: _____

Date: _____

SOUTHLAND HINDI SCHOOL PRIVACY NOTICE

Information about the Enrolment Form.

Please Read This Notice Before Completing the Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is that Southland Hindi School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Southland Hindi School are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Southland Hindi School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, and any known allergies. Southland Hindi School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Southland Hindi School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the director Himani Galbraith, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS

These are people that Southland Hindi School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Southland Hindi School.

IMMUNISATION STATUS

This assists Southland Hindi School in managing health risks for children.

UPDATING YOUR CHILD'S RECORDS

Please let Southland Hindi School know if any information needs to be changed by sending updated information to the school. Please contact Southland Hindi School on +64 22 122 0648 or by email southland.hindi.school@gmail.com to update any information.

If you have any concerns about the confidentiality of this information, please contact the director, Himani Galbraith. She can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form.

Signed: _____

Date: _____