



ACT COMMUNITY LANGUAGE SCHOOLS ASSOCIATION (ACT CLSA) ENROLMENT FORM – 2019

NAME OF LANGUAGE SCHOOL: Canberra Tamil School Language: Tamil

Attention: This enrolment form must be submitted in original to ACT CLSA

<p>STUDENT'S PERSONAL DETAILS</p> <p>Family name:.....</p> <p>Given name:.....</p> <p>Date of birth:..... / /.....</p> <p>Sex:.....(Male/Female)</p> <p>Address:</p> <p>Suburb:.....</p> <p>Postcode:</p> <p>Telephone:</p> <p>Day School attending:</p> <p>Year Level in day school:.....</p> <p>Level in community language school:</p> <p>Please circle one below as appropriate: Temporary Resident / Permanent Resident / Citizen</p>	<p>1. PARENT/GUARDIAN'S DETAILS</p> <p>Family name:</p> <p>Given name:.....</p> <p>Relationship to student:</p> <p>Country of Birth:</p> <p>Languages spoken:</p> <p>Emergency contact No:</p> <p>Email:</p> <p>2. PARENT/GUARDIAN'S DETAILS</p> <p>Family name:</p> <p>Given name:.....</p> <p>Relationship to student:</p> <p>Country of Birth:</p> <p>Languages spoken:</p> <p>Emergency contact No:</p> <p>Email:</p>
---	--

Name of Parent/Guardian: (Please print)

Signature of Parent/Guardian: (Parent/Guardian)

Date:/...../2019

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, or on an excursion, or travelling to or from school, I authorise the Principal or senior staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and/or operations. (Strike out if consent is not given for any of these procedures).

Signature of Parent/Guardian:.....

To be completed by student's day school

DAY SCHOOL ATTENDED BY STUDENT:

DECLARATION BY PRINCIPAL/DELEGATE OF STUDENT'S DAY SCHOOL

I certify that the applicant is a student in full - time attendance at this school and in the year level stated above. The school has noted that the student is studying an additional language at the above community language school.

Name of Principal or Delegate Date:/...../2019	Signature of Principal or Delegate 	(Official stamp of school)
--	---	----------------------------