

Macarthur Polish Saturday School

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Robert Townson Public School
Shuttleworth Avenue
Raby NSW 2566



STUDENT ENROLMENT FORM - 20__
(Formularz zgłoszeniowy ucznia)

**PLEASE CLEARLY COMPLETE
THIS FORM IN CAPITAL LETTERS
(PROSZĘ WYPEŁNIAĆ DRUKOWANYMI LITERAMI)**

1. **First name and Surname:** (imię i nazwisko).....

2. **Date of birth:** (DD/MM/YYYY) (data urodzenia)/...../.....

(Please circle) **Male/Female**

3. **Address:** (adres zamieszkania).....

4. Full name and address of the Australian school that the student will be attending 2018. Please also provide the Year/Class Level that the student will be entering in 2018? (nazwa szkoły australijskiej i klasa)

5. **Does the student have any medical conditions such as allergies, epilepsy, and asthma?**

(Please circle) **Yes/ No**

If Yes - please describe the medical condition and the management plan to be followed.

(Please note - you may be asked to complete a separate form providing further details about the condition and its impact on the student as well as a detailed management plan)

6. **Does the student have any special needs or learning difficulties?**

(Please circle) **Yes/ No**

If Yes, please describe the special needs of the student

(Please Note - a teacher or School Coordinator will contact you to discuss the impact of the student's special needs on their learning and will devise a program that best fits the student's needs.)

7. Parents/Guardians` Names and Contact Details

(imiona I nazwisko/a rodziców/opiekunów):

PARENT/GUARDIAN NAME	HOME PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS
Mother/carer: First Name: Surname:			
Father/carer: First Name: Surname:			
Next of Kin: First name: Surname: Relationship to Student:			

Conditions of Enrolment:

- Parents/guardians of the student are responsible for informing the school coordinator of any changes in this enrolment form that will require updating;
- Parents/guardians of the students will complete relevant consent forms required by the organisation in relation to releasing statistical information and permission to publish photos;
- Fees are required to be paid in full for each term. The due date for payment is the fifth week of each school term. If you are experiencing financial difficulties and are not able to pay by the due date, please make an appointment with the School Coordinator to develop a payment plan;
- Parents and students will read and abide by the Macarthur Polish School Policy;
- Parents are aware that information provided in the enrolment process will remain confidential and will only be accessed by the School Committee and any relevant government department when required or requested by the funding body. The elected committee and teachers employed for Macarthur Polish Saturday School will adhere to all privacy and confidentiality laws.

I, (insert full name of Parent/Guardian)have read , understood and will abide by the conditions of enrolment for (insert Student's full name).....

Parent./Guardian's signature (podpis)..... Date(data).....

Macarthur Polish Saturday School

Parent/Carer/Self Certification Form

Use of Personal Information

I have been advised by Macarthur Polish Saturday School that the information about (Insert student's name)provided by the organisation on the *NSW Community Languages Schools Program (CLSP) Funding Application* register is used for the purpose of applying for and monitoring funding under the CLSP. It will be used by the NSW Department of Education and Communities (DEC) for assessment of eligibility and monitoring of program implementation. I have been advised that DEC will be granted access to the information, that provision of this information is voluntary and that it will be stored securely.

I am aware that if I do not provide all or any of this information my child will not be funded.

(You may correct any personal information provided at any time by contacting the organisation/school.)

Signed: _____
(Parent/Carer/Self)

Date: _____

This information will be collected at enrolment and will be valid for the duration of student attendance
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