

**POLSKA SZKOŁA SOBOTNIA
im. ADAMA MICKIEWICZA
PERTH**



**POLISH ETHNIC SCHOOL
INCORPORATED
PERTH**

33 Eighth Avenue, Maylands, Perth, WA 6051

ENROLMENT FORM

Family name

Christian names.....

Date of birth

Place of birth

Home address

..... Post code

Telephone (H) (M)

Email address

Father's name

Mother's name

Name and address of an Australian school

.....

In which grade is your child enrolled at their regular school?

Has the student insurance cover **Y/N**

Who will be picking up the student from the school (Parent, guardian)

.....

Other student's relevant information (allergies, medicine)

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Do you wish for your child to attend religious education? **Y/N**

In which of the following activities would you be able to help;

1. Tuck-shop **Y/N**

2. Fundraising **Y/N**

3. Organizing classrooms **Y/N**

4. Lunch break duties **Y/N**

Parent or guardian signature

Date

.....

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Student will be admitted to class

School Coordinator

Teacher

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