



**POLISH ETHNIC SCHOOL INC.
ENROLMENT FORM**

Student's Details

Student's First Name
Student's Surname
Date of birth Place of birth
Address
Post code
Name/Address of Australian school
Current year in Australian school

Medical conditions/special needs/learning difficulties

Contact Information

Father's name
Mother's name
Does your child have a pre-existing medical condition/allergy that we should know about? Do they need to take any medication? If so, please specify below

Parent's/Guardian's phone number
Parent's/Guardian's email

Emergency phone numbers (other than Parent's contact number).....
Who picks up the student from school?
Is the student insured? **Y** **N**
Family doctor's name
Family doctor's phone number

Polish language proficiency (new students only) (please specify below)

Speech:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Understanding:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Reading:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Writing:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>

Additional information

How did you hear about us?
Google News Article Flyer Facebook Friends
Other (please specify).....

How can you help?

We are a not-for-profit organisation. Please let us know below if you're able to volunteer any special skills or time to help us run the school

Do you consent to your child's participation in religion lessons? **Y** **N**

Publication Permission and Consent Information (Separate form)

I give my permission to P.E.S.Inc. to publish my child's information as described above.
I don't give my permission to P.E.S.Inc. to publish my child's information as described above.

.....
Date and legible signature of the parent (legal guardian)

Student will be admitted to class

.....
Date and signature of School Coordinator

.....
Teacher's signature