



COMMUNITY LANGUAGES SCHOOLS PROGRAM
 Student Enrolment at *(name of Community Language School)*

Thai Central School

“THAI CENTRAL SCHOOL INC.”

School Address: Simonds Catholic College, 273 Victoria Street West Melbourne 3003

Student Details

Family name: _____ Given name(s): _____

Date of birth: ____/____/____ Sex: Male Female

Home Address: _____

Suburb: _____ Postcode: _____

Mainstream/Day School (attended by student):

Day School name: _____

Day School Campus/Address: _____

Year Level in day school: _____

Parent/ Guardian

Name of Parent/Guardian: _____ (Please print)

Relationship to student: _____

Contact telephone/mobile: _____ Email: _____

Emergency contact Name: _____ **Mobile:** _____

- *Are you willing to have you/your child photographed to appear in the Thai Central School Website or News and notice boards*
 Yes / No
- *Does your child have any medical conditions/ allergies? Yes / No*
 (If yes, please give brief details):

******This information is collected and kept confidential, and solely for marketing and strategic planning for our school centre. Information will not be released to a third party without your consent. ******

Signature of Parent/Guardian: _____ Date: ____/____/____

For Office Use Only		
	Received	Membership no:
Reg'n No.		
Cash Amt		