



# MELBOURNE BANGLA SCHOOL

ABN: 66 311 201 176, REG: A0099196N  
Fawkner Primary School, 40, Lorne Street, Fawkner, VIC 3060  
Email: melbournebanglaschool@gmail.com, Phone: 0433752970

## Enrolment Form

### Student Details

**Note:** it is important that student details are **exactly the same** as those provided at the time of enrolment at the student's mainstream school.

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Male       Female   
*dd                      mm                      yyyy*

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Student's mainstream school name: \_\_\_\_\_

Student's mainstream year level: \_\_\_\_\_

### Student Australian Residency Status

Australian citizen/Permanent resident       Fee paying international student

Other  If Other, please specify: \_\_\_\_\_

### Parent/Guardian Details

Name of Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Details *(only complete if different from parent/guardian details)*

Emergency contact name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

## Medical Information

Does your child suffer from any medical condition? (e.g. asthma, epilepsy, allergies etc.)?

Yes  No

If Yes, please specify and provide a medical plan (e.g. asthma, anaphylaxis etc.)

---

Is your child currently on any medication?

Yes  No

If Yes, please specify:

---

## Privacy Collection Notice - Protecting your privacy and sharing information

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (Department) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at:

<http://www.education.vic.gov.au/Pages/privacy.aspx>

## Parent/Guardian Privacy Consent and Declaration

I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form. I consent to:

- the collection of my child's health and personal information by the community language school;
- the community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;
- the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          *dd*        *mm*        *yyyy*