



# Sydney Full Gospel Church Korean Language School

## 2020 STUDENT ENROLMENT FORM – please complete in English

등록 번호	
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***Greenacre( ) Ryde( ) Blacktown( ) Castle Hill( ) Ryde Afternoon( ) \*Please tick  in one of 5.***  
**The names on this form must be the same as the names the student is known by or uses at the mainstream school.**

<b>STUDENT PERSONAL DETAILS</b>
Family name: .....
Telephone No.: .....
First name: .....
Second name: .....
Preferred name: .....
Gender (male/female): .....
Date of Birth: ...../...../.....
<b>Residential address</b>
No. & street: .....
Suburb: .....
Postcode: .....

Enrolment for 20..... (year)
Class level at community language school: .....
Name of mainstream school: .....
Suburb: .....
Class level at mainstream school: .....
Name/s of sibling/s also attending this community language school:
.....
.....
.....

<b>STUDENT MEDICAL DETAILS</b>
Does your child suffer from asthma?    Yes    No
Major illness or disability: .....
Allergies: .....
Medications: .....
Allergies to any medication: .....

<b>IF YES:</b>
Medication to be given/taken during asthma attack:
.....
.....
.....



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## MEDICAL DECLARATION

In the event of illness or injury to my child while at school or an excursion, or travelling to or from school, I authorise the principal or a senior staff member, if/where it is impossible to contact me, to consent to emergency medical treatment as is necessary by a qualified medical practitioner.

### FATHER'S/MALE GUARDIAN'S DETAILS

Family name: .....

Given Name: .....

Relationship to student: .....

Occupation: .....

Emergency contact no.: .....

### MOTHER'S/FEMALE GUARDIAN'S DETAILS

Family name: .....

Given Name: .....

Relationship to student: .....

Occupation: .....

Emergency contact no.: .....

Signature(s) of male parent(s)/guardian(s):

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Date: ...../...../.....

Signature of female parent(s)/guardian(s):

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Date: ...../...../.....