



STUDENT ENROLMENT FORM 20.....

(formularz rejestracyjny ucznia)

PLEASE CLEARLY COMPLETE THIS FORM IN CAPITAL LETTERS
(PROSZĘ WYPEŁNIAĆ DRUKOWANYMI LITERAMI)

Address: **Liverpool Polish Saturday School Inc.**
De Meyrick Ave; 2170 Casula
PO Box 3078; Liverpool Westfield, 2170
www.polishschoolliverpool.org.au email: polishschoolliverpool@gmail.com

1. First name and surname: (imię i nazwisko).....

2. Date of birth: (DD/MM/YYYY)(data urodzenia)...../...../..... (Please circle) Male/Female

3. Address: (adres zamieszkania).....

4. Full name and address of the Australian school that the student attends and the Year /Class
(nazwa szkoły australijskiej/klasa)

5. Does the student have any medical conditions such as allergies, epilepsy, and asthma? (Please circle) Yes/ No
If Yes – please describe the medical condition and the management plan to be followed

(Please note – you may be asked to complete a separate form providing further details about the condition and its impact on the student as well as a detailed management plan)

6. Does the student have any special needs or learning difficulties? (Please circle) Yes/ No
If Yes, please describe the special needs of the student

(Please Note – a teacher or School Coordinator will contact you to discuss the impact of the student's special needs on their learning and will devise a program that best fits the student's needs.)

7. Parents/Guardians` Names and Contact Details (imiona i nazwisko/a rodziców/opiekunów:

PARENT/GUARDIAN NAME	HOME PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS
Mother/carer: First Name: Surname:			
Father/carer: First Name: Surname:			
Next of Kin: First name: Surname: Relationship to Student:			

Conditions of Enrolment:

- **Parents/guardians of the student are responsible for informing the school coordinator of any changes in this enrolment form that will require updating;**
- **Fees are required to be paid in full for each term. The due date for payment is the third week of each school term. If you are experiencing financial difficulties and are not able to pay by the due date, please make an appointment with the School Coordinator to develop a payment plan;**
- **Parents and students will read and abide by the Liverpool Polish School Policy;**
- **Parents are aware that information provided in the enrolment process will remain confidential and will only be accessed by the School Committee and any relevant government department when required or requested by the funding body. The elected committee and teachers employed for Liverpool Polish School will adhere to all privacy and confidentiality laws.**

I, (insert full name of Parent/Guardian)have read , understood and will abide by the conditions of enrolment for (insert Student's full name).....

Parent./Guardian's signature (podpis)..... Date(data).....

I give my permission to publish my child's photographs from Easter Concert, Parents'Day,School Aniversary Celebration and end of the year presentation in local Polish media:Puls Polonii, Express Australijski ,Bumerang Polski, Radio SBS, Express Wieczorny.

Parent/Guardian's signature

Information Required for Students Enrolling for the First Time

(informacje o dziecku zapisywanym po raz pierwszy do szkoły).

1. .Please describe the skill and usage of the Polish language for the enrolling child (proszę określić poziom znajomości języka polskiego u dziecka)

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2. The Liverpool Polish School is managed by a committee of parent volunteers. Therefore we seek assistance from other parents/ guardians in helping us to provide a high quality educational experience for students. Please list any help you may be able to offer such as providing sponsorships/ donations, organizing fundraising events, or providing practical assistance with school events. (W jakiej formie rodzice mogliby wesprzeć działalność naszej szkoły?)

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We warmly welcome you and your child to Liverpool Polish Saturday School!!

We look forward to getting to know you and encourage your participation and feedback.

*The School Committee
Liverpool Polish Saturday School*