



STUDENT RE-ENROLMENT FORM - 2013
(Formularz zgłoszeniowy ucznia)
PLEASE CLEARLY COMPLETE THIS FORM IN CAPITAL LETTERS
(PROSZĘ WYPEŁNIAĆ DRUKOWANYMI LITERAMI)
 Address: Casula Public School, De Meyrick, Ave, Casula. NSW 2170
 Po Box 3078, Liverpool Westfield. NSW 2170
www.polishschoolliverpool.org.au

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 will be attending 2013. Please also provide the Year/Class Level that the student will be entering in 2013? (nazwa szkoły australijskiej i 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 Re-Enrolment:

- Parents/guardians of the student are responsible for informing the school coordinator of any changes in this enrolment form that will require updating;
- Consent forms previously completed for the student in relation to releasing statistical information and permission to publish photos will remain unless a parent/carer advises that School Coordinator of the requested change of consent ;
- 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).....

Participation by Parents/Carers

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, selling donuts, or providing practical assistance with school events. (Jak/czy rodzice mogą pomóc/wesprzeć szkołę?)

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We thank you for your ongoing support of the Liverpool Polish Saturday School!!
We look forward to another exciting year ahead as your child continues to learn the Polish language and participates in the various cultural and academic activities planned for the year ahead.

School Coordinator
Liverpool Polish Saturday School