



Department of Education and  
Early Childhood Development

**COMMUNITY LANGUAGES SCHOOLS PROGRAM**  
**ENROLMENT FORM - 2012**

**NAME OF SCHOOL:**..... Language: .....

**STUDENT'S PERSONAL DETAILS**

Family name: .....  
Given name: .....  
Date of birth: ..... / ..... / .....  
Sex: ..... (Male/Female)  
Address: .....  
Suburb: .....  
Postcode: .....  
Telephone: .....  
Year Level in day school: .....  
Year Level in community language school: .....  
Does the student attend the Victorian School of Languages (VSL)? IF YES, which Centre and for which language? .....

**FATHERS/MALE GUARDIAN'S DETAILS**

Family name: .....  
Given name: .....  
Relationship to student: .....  
Country of Birth: .....  
Emergency contact No: .....

**MOTHERS/FEMALE GUARDIAN'S DETAILS**

Family name: .....  
Given name: .....  
Relationship to student: .....  
Country of Birth: .....  
Emergency contact No: .....

Name of Parent/Guardian: ..... (Please print)  
Signature of Parent/Guardian: ..... (Father/Mother/Guardian)  
Date: ...../...../2012

**ACCIDENT DECLARATION**

In the event of illness or injury to my child whilst at school, or on an excursion, or travelling to or from school, I authorise the Principal or senior staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and/or operations. (Strike out if consent is not given for any of these procedures).

Signature of Parent/Guardian: .....

P A R E N T S   S E C T I O N