



ST CHARBEL'S ETHNIC SCHOOL

ABN 95512012575

ENROLMENT FORM

Student Information

Family Name: _____

First Name: _____

Street No: _____

Street Name: _____

Suburb: _____ Postcode: _____

Gender: Male: Female:

Date of Birth: _____

School that student attends during the week: _____

Scholastic Year: _____

Parent/Guardian 1:

Name: _____ Mobile No: _____

Email Address: _____

Parent/Guardian 2:

Name: _____ Mobile No: _____

Email Address: _____



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Student Medical Details

Does your child suffer from asthma? Yes No

If Yes, what medication to be given/taken during asthma attack?

Major illness or disability: _____

Allergies: _____

Medications: _____

Allergies to any medication: _____

Emergency Contact:

Name: _____

Mobile No: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____

Enrolment Form must be submitted and payment made before the commencement of the Term.

Enrolment Fee: \$100 per person per term

Please Note: Classes run every Friday at 4:30 - 6:30pm.