



NSW Community Languages Schools Program
STUDENT ENROLMENT FORM 2021

HOODAN-NOOR (Guidance of the Light) Arabic & Religion School ABN: 45 677 073 854

The names on this form must be the same as the names the student is known by or uses at the mainstream school. Please complete in English

<u>STUDENT PERSONAL DETAILS</u> First name: Surname: Gender (male/female) : Date of Birth: / /	<u>Name of mainstream school:</u> Suburb: Class level at mainstream school:
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<u>Residential address</u> No. & street: Suburb & Postcode:	Names of sibling/s also attending HOODAN-NOOR community language school: 1-..... 2-..... 3-..... 4-.....
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STUDENT MEDICAL DETAILS
Does your child suffer from asthma? No Yes
IF YES What Medication to be given/taken during asthma attack:.....
Major illness or disability:
Allergies:
Medications:
Allergies to any medication:

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.

<u>FATHER'S DETAILS</u> First name: Surname: Occupation: Mobil no.: Signature: <input type="text"/> Date: / / 2021	<u>MOTHER'S DETAILS</u> First name: Surname: Occupation: Mobil no.: Signature: <input type="text"/> Date: / / 2021
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