

BALAKAIRALI

INC 9891228



STUDENT ENROLMENT FORM

Student Details

First Name:			
Last Name:			
Date of Birth:	/	/	Sex:
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Address

Unit/Street No.:	
Street Name:	
Suburb:	
Postcode:	

Medical Details

Medicare Card No.:	
Conditions/Allergies: (if any)	

Contact Details

Mother's Name:			
Father's Name:			
Mobile Number			
Father's Number:		Mother's Number:	
Email:			

ACKNOWLEDGEMENT:

I do here by acknowledge that I am enrolling my son/daughter for language classes at my own personal interest and will abide by the rules and regulations set by the executive committee.

Name of Parents: (PRINT Names)		Signature:	
Father:			
Mother:			

For Office Use Only

Approved	<input type="checkbox"/>	Rejected	<input type="checkbox"/>	Parent Informed	<input type="checkbox"/>	Date:	
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BALAKAIRALI - Sydney Malayalee Kids Association Inc., 29 Wollaton Grove, Oakhurst, NSW, 2761