

A. Student Information

First Name: Last Name: Gender: Male ☐ Female ☐
 Date of birth (day/month/year): Medicare No.
 Visa status: Permanent Resident ☐ Australian Citizen ☐ Student ☐ Others ☐ if others please give more details:
 Special needs (disability/allergies): No ☐ Yes ☐ if yes please give more details:
 Home Address:
 Land line: Cell Phone:
 Email address:
 Does student have any siblings at Farsi School: No ☐ Yes ☐ if yes please state his/her name:

B. Parent(s)/caregiver(s) of Student Information

B1. First Parent/caregiver

First Name: Last Name: Gender: Male ☐ Female ☐
 Relation to Student: Occupation:
 Home Address:
 Land Line: Cell Phone:
 Email Address: Primary Language:

B1. Second Parent/caregiver information (if applicable)

First Name: Last Name: Gender: Male ☐ Female ☐
 Relation to Student: Occupation:
 Home Address:
 Land Line: Cell Phone:
 Email Address: Primary Language:

C. Student Educational Information

Australian School name (2018): Grade (2018):
 Any previous Farsi courses: No ☐ Yes ☐ if yes please give more details:
 Language student mostly speaks at home:
 Language parent/caregiver mostly speaks to student:
 Language mostly used by adults at home:
 What is the level of student in understanding Farsi: very weak ☐ weak ☐ Good ☐ very good ☐ Excellent ☐
 What is the level of student in speaking Farsi: very weak ☐ weak ☐ Good ☐ very good ☐ Excellent ☐

D. Emergency Contact Details

First Name: Last Name: Gender: Male ☐ Female ☐
 Relation to Student: Home Address:
 Land Line: Cell Phone:
 Email Address: Primary Language:
 GP name/telephone/address:

E. School Requirements

Enrolment Fee (90\$ per semester)*
 Paid for Semester 1 Yes ☐ No ☐ Details:
 Paid for Semester 2 Yes ☐ No ☐ Details:
 Paid for Semester 3 Yes ☐ No ☐ Details:
 Paid for Semester 4 Yes ☐ No ☐ Details:

*This amount is subject to change according to school expenses and number of enrolled students as well as any granted governmental funds

Would you like to assist the Persian Language School as a volunteer (class set up, cleaning, students supervising, teacher assisting,...) Yes ☐ No ☐ Details

F. Parental/Caregiver Consent

- Herby I....., (parent/caregiver) ofauthorise *Persian Language School of Brisbane* on my behalf to obtain an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- Do you authorise *Persian Language School of Brisbane* to use pictures, motion picture film, video recordings, taken of your child/children attending *Persian Language School of Brisbane* to be used for promotional purposes, organizations who wish to use our students for their promotional use. No ☐ Yes ☐
-

Signature:.....

Date.....

G. Parental/Caregiver Declaration

- Herby I,, (parent/caregiver) ofagree to sign-in and sign-out Personally in the school's office myself.

Signature.....

Date.....

- Herby I....., (parent/caregiver) of authorise to sign-in and sign-out my child in the school's office.

Signature.....

Date.....

- I verify that the information contained in this form is true to the best of my knowledge.

Signature.....

Date.....

H. School Principle

- I certify that the student whose details appear on this form is enrolled at this school
- I have verified that the date of birth as stated on this form is correct.
- A copy of this consent form will be retained by my school.

Full name:

Signature.....

Date.....