



**COMMUNITY LANGUAGES SCHOOLS PROGRAM**  
**Student Enrolment at (name of Community Language School)**

**Thai Central School**

**“THAI CENTRAL SCHOOL INC.”**

**School Address:** Simonds Catholic College, 273 Victoria Street West Melbourne 3003

**Student Details**

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Mainstream/Day School (attended by student):**

Day School name: \_\_\_\_\_

Day School Campus/Address: \_\_\_\_\_

Year Level in day school: \_\_\_\_\_

**Parent/ Guardian**

Name of Parent/Guardian: \_\_\_\_\_ (Please print)

Relationship to student: \_\_\_\_\_

Contact telephone/mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency contact Name:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

- *Are you willing to have you/your child photographed to appear in the Thai Central School Website or News and notice boards*  
Yes / No

- *Does your child have any medical conditions/ allergies? Yes / No*  
*(If yes, please give brief details):*

**\*\*\*\*This information is collected and kept confidential, and solely for marketing and strategic planning for our school centre. Information will not be released to a third party without your consent. \*\*\*\***

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Cash Amt		