



HUNGARIAN SCHOOL FLEMINGTON INC.

Homebush West Public School Exeter Road, Homebush West 2140

P.O. BOX 1392 BAULKHAM HILLS 1755

Principal: Rozalia Stopic (Katona Rózsa) OAM

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ENROLMENT FORM / BEIRATKOZÁSI ÍV

STUDENT 1

SURNAME:

FIRST NAME:

DATE OF BIRTH:

HOME ADDRESS:

..... POSTCODE:

HOME ☎:

FULL NAME OF MAINSTREAM SCHOOL:

.....

YEAR AT MAINSTREAM SCHOOL:

ALLERGIES / SPECIAL NEEDS:

.....

STUDENT 2

SURNAME:

FIRST NAME:

DATE OF BIRTH:

HOME ADDRESS:

..... POSTCODE:

HOME ☎:

FULL NAME OF MAINSTREAM SCHOOL:

.....

YEAR AT MAINSTREAM SCHOOL:

ALLERGIES / SPECIAL NEEDS:

.....

STUDENT 3

SURNAME:

FIRST NAME:

DATE OF BIRTH:

HOME ADDRESS:

..... POSTCODE:

HOME ☎:

FULL NAME OF MAINSTREAM SCHOOL:

.....

YEAR AT MAINSTREAM SCHOOL:

ALLERGIES / SPECIAL NEEDS:

.....

STUDENT 4

SURNAME:

FIRST NAME:

DATE OF BIRTH:

HOME ADDRESS:

..... POSTCODE:

HOME ☎:

FULL NAME OF MAINSTREAM SCHOOL:

.....

YEAR AT MAINSTREAM SCHOOL:

ALLERGIES / SPECIAL NEEDS:

.....

PARENT/CAREGIVER DETAILS

SURNAME:

MOTHER'S NAME:

FATHER'S NAME:

ADDRESS:

..... POSTCODE:

HOME ☎:

MOBILE ☎:

EMAIL ✉:

EMERGENCY CONTACT DETAILS

NAME 1:

HOME ☎:

MOBILE ☎:

NAME 2:

HOME ☎:

MOBILE ☎:

MEDICAL CONSENT

It is the policy of the school to notify a parent/caregiver, when a child is ill or needs medical attention. In the event that we cannot contact parents/caregivers and we may need to get immediate help for the child, our procedure is to take the child to the nearest emergency service.

1. You hereby give authorisation to any member of the primary contact staff of the Hungarian School Flemington to:
 - * seek urgent medical or dental treatment by a preferred doctor or dentist nominated by you, or other doctor or dentist,
 - * take the student to a public hospital,
 - * use an ambulance service, or
 - * take the assistance from some other person or body nominated by you as the parent or person responsible for the student stated in this enrolment application, if the member is of the opinion that it is necessary to do so because the student has been injured, or is ill, whilst in attendance at the Hungarian School Flemington
2. You agree to pay for the ambulance service and any other expenses accrued in providing the student with emergency health care.
3. You understand that if any treatment is sought or obtained that the Hungarian School Flemington will use every reasonable means to ensure that you are notified as soon as possible.
4. You understand that none of the above affects the ability of a doctor or dentist to carry out emergency medical or dental treatment on your child without your consent.

YOUR AUTHORISATION

You, the parent or caregiver of the student(s) being enrolled, have provided all the necessary information and have read, understood and agreed to the terms set out in the medical consent above.

Name (Print):

Parent/Caregiver Signature: Date: