

Enrolment Form 2012

STUDENT DETAILS

Name _____ Surname _____

Gender M F

Street _____

Suburb _____ P/Code _____

Date of Birth ___/___/___ Year level 2012 _____

City and Country of Birth _____

Mainstream School _____

Catholic Independent State

Address of Day School _____

Enrolling at (Centre Name) _____

If re-enrolling, please specify centre attended in 2011

_____ Level _____

Medical conditions of child _____

PARENT/GUARDIAN DETAILS

Name _____ Surname _____

Address _____ P/Code _____

Ph Numbers: Daytime _____ Evening _____

Email _____

How did you hear about the 2012 OSH program?

- | | |
|--|---|
| <input type="checkbox"/> Re-enrolment | <input type="checkbox"/> Co.As.It. Website |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Co.As.It. E-newsletter |
| <input type="checkbox"/> Window Display | <input type="checkbox"/> Personalised Letter/brochure |
| <input type="checkbox"/> Signage at School | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Brochure (specify venue/school) _____ | |
| <input type="checkbox"/> Advertisement (specify publication) _____ | |
| <input type="checkbox"/> Article (specify publication) _____ | |
| <input type="checkbox"/> Event (specify) _____ | |
| <input type="checkbox"/> Other (specify) _____ | |

Pay by:

Cash Cheque Money Order Visa Card Mastercard

Card number _____

Expiry Date ___/___ Amount \$ _____

Cardholder's name _____

Signature _____

1. Please tick the appropriate box if you agree to give your permission for your child/ren to be photographed by Co.As.It. as part of its promotional campaigns.

Yes I agree

No I do not agree

By signing this form, you agree to the following:

- Co.As.It. is able to photograph and publish photographs/ work of your child for promotional purposes.
- Your child's photographs/work will not be used for any purpose other than for general promotion of languages education.
- Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
- While every effort will be made to protect the identity of your child Co.As.It. cannot guarantee that your child will not be able to be identified from the photographs/work. If a newspaper requests the name of your child for publication with an article, Co.As.It. will contact you for your permission.

Signature _____

2. The information regarding your child/ren provided for the NSW Community Languages Program (CLP) Funding Application 2012 is used for the purpose of applying for and monitoring funding under the CLP. It will be used by the NSW Department of Education and Training (DET) for assessment of eligibility and monitoring of program implementation. The information is voluntary and will be stored securely. If you do not provide all or any of this information your child will not be funded and Co.As.It. may not accept your enrolment.

I give permission to send my child/ren's details to the Department of Education. Please tick.

Yes

No

3. I have read and I accept the conditions of enrolment listed in the Out of School Hours Parent Manual. The Manual can be found online at www.coasit.org.au.

Signature _____

Mail or fax enrolment form with payment to:

Co.As.It., P.O. Box 342, Leichhardt NSW 2040

Phone: 9564 0744 Fax: 9569 6648