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| **Parent/Guardian Details** |
| Name |  |
| Address |  |
| Email Address |  |
| Mobile Phone Number |  |

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| **Child/Student Details** |
| Name |  |
| Birth Date |  | School Year (e.g. grade 2) |  |
| Does the child have any special educational needs? |  |
| Please list any allergies and relevant medical information |  |

\* For additional children please use back of form/second page

\*\* All information provided is confidential. Please see TACH’s Privacy policy on our website for details

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| **Declarations and Permissions** |
| **Permission to Call Ambulance**In the event of serious illness or injury to my child whilst at school, or on an excursion, or travelling to or from school, I authorise the Principal or teachers in charge of my child where it is impossible to communicate with me or a nominated Emergency Contact, to call an ambulance for my child. [ ]  YES [ ]  NO |
| **Photo Permissions**From time to time photos may be taken of the students during an activity or special event. Do you give permission that photographs depicting your child/ren can be posted by The Turkish Australian Culture House Inc. on the association’s website or Facebook page, https://www.facebook.com/TACHWA and www.turkishaustralianculturehouse.net.au? [ ]  YES [ ]  NO |
| **Signature** |

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| **Fees & Payment** |
| $65.00 per student up to 2 students. Any additional students from the same immediate family are free. Payment Type: [ ]  Electronic Funds Transfer [ ]  Cash**EFT Bank Details:** Turkish Australian Culture House Inc., BSB: 066000, Account No: 1017 5188For EFT payments please include the first initial of the child/ren, surname and “T4” in the reference. *For example: P. Yesertener T3* |
| **ADDITIONAL STUDENTS** |
| **Child/Student Details** |
| Name |  |
| Birth Date |  | School Year (e.g. grade 2) |  |
| Does the child have any special educational needs? |  |
| Please list any allergies and relevant medical information |  |

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| **Child/Student Details** |
| Name |  |
| Birth Date |  | School Year (e.g. grade 2) |  |
| Does the child have any special educational needs? |  |
| Please list any allergies and relevant medical information |  |

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| **Child/Student Details** |
| Name |  |
| Birth Date |  | School Year (e.g. grade 2) |  |
| Does the child have any special educational needs? |  |
| Please list any allergies and relevant medical information |  |