



AUSTRALIAN ATATÜRK CULTURAL CENTRE INC.

ATATÜRK SCHOOL ENROLMENT FORM

NSW Community Languages Schools Program

Student enrolment and parent/carer consent form

240914_13102

This enrolment and parent/carer consent form is to be completed in English.

Student details provided on the form should match those provided to the student's day school. A separate form is to be completed for each student annually.

Student details

A. Student details

Family name

First given name

Second given name

Preferred first name

Gender Male Female Date of birth / /

In which year is this student enrolled in their day school? (mark only one box) K 1 2 3 4 5 6 7 8 9 10 11 12

Is the student an overseas full fee paying student? Yes No

Name of community language school

ATATURK SCHOOL - Australian Ataturk Cultural Centre Inc.

IBN ID **6** **5** **8**

Date of enrolment at this school / /

DAY SCHOOL ATTENDED

Please provide details of the day school where the student is currently enrolled.

Name of day school attended

Location of day school (suburb/town)

Dates of attendance (for example: from 05/2009 to 06/2011) / to /

Family details

NAME OF PARENT/CARER TO CONTACT FIRST

Comments

Phone number (mobile)

Phone number (home)

Phone number (work)

Contact email address

NAME OF PARENT/CARER TO CONTACT SECOND

Comments

Phone number (mobile)

Phone number (home)

Phone number (work)

Contact email address

D. Parents/carers not living with this student

Complete only if applicable. Please print and attach additional pages if required for multiple parents/carers not living with this student.

Title (eg Mr/Ms/Mrs/Dr)

Gender Male Female

Relationship to student (eg mother/father/carer)

Family name

Given name

CONTACT DETAILS

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Comments

Phone number (mobile)

Phone number (home)

Phone number (work)

Family details

Preferred email address for correspondence

Residential address (eg 1 High Street, Sydney, NSW, 2000)

Does the student sometimes reside at this address? Yes No

Correspondence address

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

E. Additional emergency contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the community language school is unable to contact the parents/carers listed in Section C. Please ensure that you have discussed with these people their willingness to be emergency contacts.

CONTACT DETAILS (first preference)

Family name

Given name

Relationship to student (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Comments

Phone number (mobile)

Phone number (home)

Phone number (work)

CONTACT DETAILS (second preference)

Family name

Given name

Relationship to student (eg neighbour/aunt/uncle)

If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).

Comments

Phone number (mobile)

Phone number (home)

Phone number (work)

Personal information and declaration of accuracy

The personal information collected on this information form is for purposes directly related to your child's attendance at a community languages school, including the processing of applications for grant funding from the NSW Community Languages Schools Program, administered by the NSW Department of Education and Communities.

Any information provided to the Department of Education and Communities will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department of Education and Communities to meet its obligations in relation to data collection, reporting and the payment of grants.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the purposes of confirming the eligibility of students for grant funding and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's community language school. The community language school is responsible for advising the NSW Department of Education and Communities of any corrections required to the electronic database. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the community language school.

Your consent and declaration

I have provided information related to the student in this enrolment form.

I consent to providing information contained on this enrolment form to the Department of Education and Communities to confirm the accuracy of the information with other organisations that may also hold information related to the student named on page 1.

I have read the information on this page concerning the collection of personal information.

I declare that the information provided in this enrolment form is, to the best of my knowledge and belief, accurate and complete.

Where I have given personal information about other people I have done so with their authorisation.

I am aware that if information I have given is false or misleading, any decision made as a result of this enrolment form may be changed.

Signature of parent/carer

(at least one of the student's parents/carers must sign the enrolment form)

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			

Signature of second parent/carer

Print name

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			



AUSTRALIAN ATATÜRK CULTURAL CENTRE INC.
PO BOX 1147 AUBURN NSW 2144



MEMBERSHIP FORM

Student Name:

Parent/Carer 1

Name			
Home Address			
Post Code			
Mother		Father	
Home Phone			
Mobile Phone			
E-mail Address			
Date of Birth			
Occupation			
Employer			

Parent/Carer 2

Name			
Home Address			
Post Code			
Mother		Father	
Home Phone			
Mobile Phone			
E-mail Address			
Date of Birth			
Occupation			
Employer			

I/We parents of (Student Name)_____ have read and understood the constitution of Australian Atatürk Cultural Centre Incorporated. I/We understand that our child becomes an automatic child member by enrolment to Ataturk School and I/We carry the necessary membership attributes required in the constitution and sincerely embrace its purpose and objectives. I/We will pay special attention to act according to constitution purpose and objectives. I/We undertake to provide annual membership fee, which is part of annual Ataturk School Fee with accordance to the constitution. I/We understand Australia Atatürk Cultural Centre Incorporated will examine my application and is not obliged to show justification of the decision of acceptance or rejection decision. I/We hereby respectfully request for my application to be examined and accepted.

NAME AND SIGNATURE OF PARENTS/GUARDIANS

DATE:

NAME (print) _____ SIGNATURE _____

NAME (print) _____ SIGNATURE _____

AUSTRALIAN ATATÜRK CULTURAL CENTRE INC. ATATÜRK SCHOOL



Permission to publish student's work or photographs

Dear parent or caregiver,

I am seeking your permission for photographs of
Student's Name
to be taken during school activities and to publish the photographs and or work on Australian Ataturk Cultural Centre Inc website, social media presence, schools newsletter, etc.

If published, third parties would be able to view the photographs and/or work.

If you sign the attached form it means that you agree to the following:

1. Australian Ataturk Cultural Centre Inc. Ataturk School is able to photograph and publish photographs/work of your child as many times as it requires in the ways mentioned above.
2. Your child's photograph/work may be reproduced either in colour or in black and white.
3. Your child's photograph/work will not be used for any purpose other than for general promotion of languages education in Community Language School.
4. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
5. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/work.

If you agree to permit the Community Language School to take photographs of your child, and to publish the photographs/work of your child, in the manner detailed above, please complete the consent form and return it to the Community Language School by

.....
Date

This consent, if signed, will remain effective until such time as you advise the Community Language School otherwise.

Yours sincerely,
OMER CAN SIRIKCI

Consent Form for Publication of Student's Work or Photographs

I agree to the publication of my child's photographs/work as outlined above. I will notify the Community Language School if I decide to withdraw this consent.

Student's name: Date:

Signature of parent/caregiver: Date:

This form must be completed annually and kept with the Enrolment Form at the school

AUSTRALIAN ATATÜRK CULTURAL CENTRE INC. ATATÜRK SCHOOL



Parent/Carer/Self Certification Form Use of Personal Information

I have been advised by

Australian Ataturk Cultural Centre Inc. Ataturk School

(name of organisation/school)

that the information about

(student's name)

provided on the *NSW Community Languages Schools Program (CLSP) Funding Application* is used for the purpose of applying for and monitoring funding under the CLSP. It will be used by the NSW Department of Education (DoE) for assessment of eligibility and monitoring of program implementation. I have been advised that DoE will be granted access to the information, that provision of this information is voluntary and that it will be stored securely.

I am aware that if I do not provide all or any of this information my child will not be funded.

(You may correct any personal information provided at any time by contacting the organisation/school.)

Signed: Date:

(Parent/Carer/Self)

AUSTRALIAN ATATÜRK CULTURAL CENTRE INC. ATATÜRK SCHOOL



Medical Information and Consent Form

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M F

School: _____ School Year: _____ Camp/Excursion: _____

Parent/Carer: _____

Address: _____

Contact Telephone Nos - Business Hours: _____

After Hours: _____ Mobile: _____

Other Contact for Emergency: _____ Telephone No: _____

Name of Student's Doctor: _____ Telephone No: _____

Medicare No: _____

Private Health Fund: _____ Membership Number _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the NSW.

Please tick if your child suffers any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: __/__/____

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last four weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion _____

Is the student presently taking any medication? Yes No

If Yes, please state name of medication, dosage, etc: _____

NB. If yes this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): Date: __ / __ / ____

Signed (Parent/Carer): Date: __ / __ / ____

Schools will always call an ambulance if your child's medical condition requires emergency medical assistance

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in excursions, sporting activities or other educational or school activities conducted by or in conjunction with Ataturk School.

The information will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative educational experience.

Provision of the information will significantly assist the school in planning a safer educational activity.

This information will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information at any time by contacting the school office at okul@aturk.org.au email address.

This form must be completed annually and kept with the Enrolment Form at the school