



Telugu Association Inc.,  
Sydney

## తెలుగు బడి - Telugu Badi

### Enrolment Form Year 2019

(Fill **all** sections & sign **each** sections individually)

#### STUDENT DETAILS

Name of the Student: \_\_\_\_\_

*First Name*

*Other Names*

*Last Name*

Date of Birth: \_\_\_\_\_

*dd/mm/yyyy*

Sex:  Male

Female

Postal Address: \_\_\_\_\_

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

Main stream school level

Name of the School

Address

Year: \_\_\_\_\_

Select School:  Eastwood  Quakers Hill  Darcy Road  Strathfield-S  Hornsby-S  Holsworthy

#### PARENT & ALTERNATE CONTACT DETAILS

Parent's/Guardian's Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a current member of Telugu Association?  Yes

No

#### MEDICAL DECLARATION

Allergies/Medical Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_

1. I understand that Telugu Badi Teachers will not store or administer oral medication to my child at school.
2. If my child is suffering from any viral or communicable infections, I will not bring him/her to the school.
3. My child (if uses) is familiar with the usage of medical pump/inhaler etc.,
4. My child's medication cycle (if any) does not fall during school hours.
5. My child's medication such as inhaler, sunscreen, cream or balm (if any) will be packed in his/her school bag along with instructions.
6. I understand that the Class Teacher has First Aid kit to treat simple injuries at school such as sprain, scratch, cut or bruise. In the event of major accidents the Class Teacher will contact me or my alternate contact person. The Class Teacher may call for medical emergency help based on the gravity of the accident at **my cost**.

Yes, I understand and accept the above conditions:

Please tick & Sign here → \_\_\_\_\_



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Name of the Student: \_\_\_\_\_

### CONSENT TO USE STUDENT'S PERSONAL INFORMATION

1. I understand that Telugu Association Inc., Sydney uses the Student Details on *NSW Community Languages Schools Program (CLSP) Funding Application* for the purpose of applying for and monitoring funding under the CLSP.
2. It will be used by the NSW Department of Education and Communities (DEC) for assessment of eligibility and monitoring of program implementation.
3. I have been advised that DEC will be granted access to the information, that provision of this information is voluntary and that it will be stored securely.
4. I am aware that if I do not provide all or any of this information my child will not be funded.

Yes, I understand and consent to the use of Student Details by Telugu Association Inc., Sydney.  
*Please tick & Sign here →* \_\_\_\_\_

### CONSENT TO PUBLISH STUDENT'S WORK OR PHOTOGRAPHS

I understand that Telugu Association Inc., Sydney may publish student's photographs, videos, recordings and work done during school activities in their own publications such as School Newsletter, Vahini Magazine, Website, Special Souvenirs or Telugu Vani Radio. If published, third parties would be able to view them or access.

If you sign the consent below it means that you agree to the following:

1. **Telugu Badi of Telugu Association Inc., Sydney** 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 i.e., Telugu Badi.
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 i.e. Telugu Badi, 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 section below and sign.

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

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

*Please tick & Sign here →* \_\_\_\_\_

### GENERAL INFORMATION

1. Fill and sign one Enrolment Form for each child. Post or, scan and email. Details are given below.
2. Classes are held during regular school terms. Check on [www.sydneytelugu.org](http://www.sydneytelugu.org) for class times and school addresses. There are no facilities to mind children outside school hours so, drop/pick your child on time.
3. There are basic rules all students must follow in the classroom. Visit STA website for Classroom Rules.
4. The Email ID(s) given on this form will be added to the School's EMail Group and the Mobile No(s) to the School's WhatsApp Group for communication purposes.
5. For further details contact Mr. Mallik Rachakonda, Telugu Badi Convenor on (02) 8819 2990 or 0402 169 963 or Email: [school@sydneytelugu.org](mailto:school@sydneytelugu.org) or [ec@sydneytelugu.org](mailto:ec@sydneytelugu.org)
6. Postal address for Telugu Badi communication: 29 Norma Ave, Eastwood NSW 2122

Signature of the Parent → \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_