

HEBREW IMMERSION

186 Balaclava Road, Caulfield North
PH: Rinat Shenfeld - 047677956

STUDENT ENROLMENT INFORMATION

Student Surname			
First Name			
Hebrew Name			
Gender (Circle)	M / F	Birth Date (dd-mm-yy) _ / _ / _	Child's Grade for 2017 (Circle) Prep 1 2 3 4 5 6
FEMALE PARENT / CARER		MALE PARENT / CARER	
Title: Choose from Ms, Mrs, Ms, Dr		Title: Choose from Mr, Dr, Sir	
Surname		Surname	
First Name		First Name	
Work Number		Work Number	
Mobile Number		Mobile Number	
E-mail Address [Below]		E-mail Address [Below]	
RESIDENTIAL ADDRESS			
Number and Street			
Suburb	Postcode	State	
Telephone Number	Fax Number If Applicable		
KNOWLEDGE OF HEBREW (Place mark on scale)			
READING	----- Fluent Average Beginner		
WRITING	----- Fluent Average Beginner		
Has the Child previously attended Hebrew Classes?	Yes / No	If Yes, Where?	No. of Years?

MEDICAL CONDITIONS

Medical Condition	
Symptoms	
Allergies	

DOCTOR'S DETAILS

Doctor's Name	Doctor's Phone
Doctor's Address and Postcode	Doctor's Fax

EMERGENCY CONTACTS (other than those above)

1. Name	Relationship to Student:
Telephone Numbers:	Mobile: _____, Work: _____, Home: _____
2. Name	Relationship to Student:
Telephone Numbers:	Mobile: _____, Work: _____, Home: _____

ENROLMENT POLICY

- Fees for the 2017 year are: \$400 first 1, \$300 for term 2 and 3 and \$200 for term 4. Fees are per child.
- Fees are set annually and are payable in advance by the end of the preceding term or upon enrolment for the New Year.
- A direct debit or credit card authority is available for automatic payment at the end of each preceding term on invoice.
- Students who withdraw will not receive refunds for part terms, and no credit is available for missed classes.
- Arrangements for those experiencing difficulties paying fees can be made by contacting UJEB – 9523 6844 or Rinat - 047677956
- Students will not be permitted to attend classes if fees in arrears remain unpaid.

CONSENT FORM

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorize the teacher-in-charge of my child, where the teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me:

- to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- to administer such first aid as the staff member may judge to be reasonably necessary.

Signature of Parent/Guardian _____ Dated __ / __ / 20 __

SIGNATORIES

Thank you for taking the time to complete this Student Information Form.

The details are confidential, but are required to enable staff to properly enroll your child within this program.

Signature(s) of Parents/Guardians _____ Dated __ / __ / 20 __
 _____ Dated __ / __ / 20 __