

**CAULFIELD JUNIOR COLLEGE**

186 Balaclava Road, Caulfield North

PH: 9509 6872



CJC HEBREW IMMERSION PROGRAM

**STUDENT ENROLMENT INFORMATION**Student  
SurnameFirst  
Name

Hebrew Name

Gender  
(Circle)

M / F

Birth Date (dd-mm-yy)

\_ / \_ / \_

Child's Grade for 2018 (Circle)

Prep 1 2 3 4 5 6

**FEMALE PARENT / CARER****MALE PARENT / CARER**

Title: Choose from Ms, Mrs, Miss, 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
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**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 2018 year are: \$400 term 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 at the school office.
- 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 \_\_