

STUDENT DETAILS ENROLMENT FORM 2021



ESCUELA
HISPANOAMERICANA
DE SPRINGVALE
P.O. Box 310
Noble Park, Vic. 3174

A0025752W

Student Details		
Student Name		
Date of Birth		
Year Level (Spanish School - office use)		
Day School Details		
Day School Name		
Day School Year Level		
Contact 1 Details		
Contact Name		
Contact Relationship		
Residential Address		
Home telephone		
Email address		
Working with Children Check		Reg. Number:
Contact 2 Details		
Contact Name		
Contact Relationship		
Residential Address		
Home telephone		Mb:
Email address		
Working with Children Check		Reg. No:
Emergency Contact Details:		
Contact Name and Relationship		
Best Contact Number		
Other Information Required		
Medical conditions (please specify and include management plan)		
Any known allergies (please specify and include management plan)		
All correspondence will be forwarded to Contact 1. If you would like correspondence to go to Contact 2 please tick	<input type="checkbox"/> no	
Photographs of students will be taken and published for promotion purposes of the school. If you do not wish for photos of your child to be published please contact the school Administrator to opt out.		
By signing this form, I declare that I have read and accept the school rules.		
Parent Name:		
Parent Signature:		

Escuela Hispanoamericana Inc. is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act and the Health Records Act (2001). The collection of the information contained within this document is to be used for the sole purpose of ensuring the information existing in the school is accurate, complete and up to date. The college will not be disclosing this information to a third party unless prior permission is sought and received from parents and/or student