MAHAMEVNAWA SINHALA SCHOOL

Student details

Language learning, cultural heritage and community connection

Student enrolment | One form per child

Complete all four pages and save a copy before emailing it. Fields marked * are needed for the application. Photo/video choices and optional reporting details may be left blank for discussion.

1 Student information

Given name(s) *

Family name *

Preferred name (if different)

Date of birth (DD/MM/YYYY) *

Enrolment year

Gender (optional)

Mainstream school year/level

Home street address *

Suburb *

State

Postcode *

Language(s) spoken at home

Mainstream school name (optional reporting detail)

2 Language learning background

Briefly describe the child's Sinhala learning experience

Class venue: Salisbury Downs Primary School, 39 Paramount Road, Salisbury Downs SA 5108
Classes: 1st, 3rd and 4th Sunday of each month, 10.00 am to 12.00 pm.

Family and emergency contacts

Please keep the School informed if contact arrangements change

Student enrolment | One form per child

3 Primary parent / carer

Full name *

Relationship to student *

Email address *

Mobile number *

Other telephone (optional)

4 Additional parent / carer (optional)

Full name

Relationship to student

Mobile number

Email address

5 Emergency contact

Provide someone the School can contact if the primary parent/carer cannot be reached.

Full name *

Relationship to student *

Telephone / mobile *

Alternate telephone (optional)

Other people authorised to collect the child (names and relationship)

Health and participation

Share only information relevant to safe participation in School activities

Student enrolment | One form per child

6 Health, allergies and support

Are there health conditions, allergies or support needs the School should know about? *

○ Yes ○ No

If yes, describe the relevant needs and any precautions

Will the child need medication during School hours? *

○ Yes ○ No

If yes, give relevant details and discuss arrangements with the School before attendance

☐ I have an allergy, asthma or other relevant action plan to discuss with the School.

Other learning, communication or accessibility support that may help (optional)

7 Optional reporting and volunteering

Is the student an Australian citizen or permanent resident? (optional)

○ Yes ○ No ○ Prefer not to answer

Would you like to discuss helping with School activities? (optional)

○ Yes ○ No

Parent/carer Working with Children Check status (optional)

○ Current ○ Expired ○ Not held ○ Discuss with School

Optional reporting details are retained from the earlier form. Ask the School why they are needed before providing any additional information or documents.

Permissions and declaration

Parent or legal guardian to complete this page

Student enrolment | One form per child

8 Optional photo / video permissions

Choose separately for each use. These choices are optional; no permission is assumed from a blank answer. Contact the School to discuss your choices.

School-only newsletters and private family communications

○ I consent ○ I do not consent

The School / MBMA public website

○ I consent ○ I do not consent

The School / MBMA public social media

○ I consent ○ I do not consent

You may change permission for future use by contacting the School. Copies already printed or shared by others may not be recoverable.

9 Information use and parent / carer declaration

This form requests information for enrolment, class planning, family contact and student safety. Please provide only relevant information. Contact info@mahamevnawaadelaide.org with questions about access, correction, privacy or any funding/reporting requirements. Do not attach identity documents unless the School separately explains why they are needed and how to provide them.

☐ I confirm that I am the student's parent or legal guardian and that the information provided is accurate. I will notify the School of relevant changes. *

☐ I consent to the School collecting and using the information I provide, including relevant health information, for the purposes described above. *

☐ I authorise the School to arrange first aid and seek emergency medical assistance if needed, and to share relevant information with emergency responders or treating professionals. *

Parent / guardian full name *

Date (DD/MM/YYYY) *

Signature (type full name, or print and sign by hand) *

SAVE AND RETURN

Save the completed PDF, then email it to info@mahamevnawaadelaide.org.

If you prefer another return method, contact the School on (08) 8250 0717.