

Please fill out this form **IN BLUE OR BLACK PEN** and in **CAPITALS**.

## Details of Parent or Guardian 1

Surname: .....

First Name(s): .....

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof

Relationship to Student:

☐ Mother ☐ Father

☐ Other (please specify):

### Residential Address:

Unit no.: .....

Street no.: .....

Street name: .....

Suburb/Town: .....

State : .....

Postcode: .....

Country (if not Australia): .....

Postal Address (if different from residential address):

Occupation: .....

Home phone: .....

Work phone: .....

Mobile phone: .....

Email: .....

We are interested in being part of BJE's Parent Liaison Committees—please contact us with more information. ☐ Yes ☐ No

## Details of Parent or Guardian 2

Surname: .....

First Name(s): .....

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof

Relationship to Student:

☐ Mother ☐ Father

☐ Other (please specify):

### Residential Address (if different from Guardian 1):

Unit no.: .....

Street no.: .....

Street name: .....

Suburb/Town: .....

State : .....

Postcode: .....

Country (if not Australia): .....

Postal Address (if different from Guardian 1):

Occupation: .....

Home phone: .....

Work phone: .....

Mobile phone: .....

Email: .....

I hereby give permission for my details to be given to JCA ☐ Yes ☐ No

**Please note: Fees are charged and payable each semester for Emet Extension, Emet Traditions and Emet Hebrew. For details, please contact our Accounts Department on 9365 7900.**

**Student 1**

Surname: .....

First Name(s): .....

Gender: male / female

Date of Birth: ..... / ..... / .....

Email address: .....

I/we wish to enrol this student at the following school:.....

In the following Year / Class:.....

In the following programme/s:

- |   |   |
|---|---|
| <input type="checkbox"/> Emet ('Scripture') | <input type="checkbox"/> Emet Hebrew      |
| <input type="checkbox"/> Emet Extension     | <input type="checkbox"/> Emet High School |
| <input type="checkbox"/> Emet Traditions    | <input type="checkbox"/> .....            |

**Student Medical Details:**

Does the student have:

Asthma : ☐ Yes ☐ NoADHD : ☐ Yes ☐ NoAllergies: ☐ Yes ☐ No

If yes, please specify:

.....

.....

Does the student take / need medication:

☐ Yes ☐ No

Please specify:

.....

.....

Other issues that BJE should be aware of:

.....

.....

.....

**Student 2**

Surname: .....

First Name(s): .....

Gender: male / female

Date of Birth: ..... / ..... / .....

Email address: .....

I/we wish to enrol this student at the following school:.....

In the following Year/ Class: .....

In the following programme/s:

- |   |   |
|---|---|
| <input type="checkbox"/> Emet ('Scripture') | <input type="checkbox"/> Emet Hebrew      |
| <input type="checkbox"/> Emet Extension     | <input type="checkbox"/> Emet High School |
| <input type="checkbox"/> Emet Traditions    | <input type="checkbox"/> .....            |

**Student Medical Details:**

Does the student have:

Asthma : ☐ Yes ☐ NoADHD : ☐ Yes ☐ NoAllergies: ☐ Yes ☐ No

If yes, please specify:

.....

.....

Does the student take / need medication:

☐ Yes ☐ No

Please specify:

.....

.....

Other issues that BJE should be aware of:

.....

.....

.....

**Student 3**

Surname: .....

First Name(s): .....

Gender: male / female

Date of Birth: ..... / ...../ .....

Email address: .....

I/we wish to enrol this student at the following  
school:.....

In the following Year / Class:.....

In the following programme/s:

- |   |   |
|---|---|
| <input type="checkbox"/> Emet ('Scripture') | <input type="checkbox"/> Emet Hebrew      |
| <input type="checkbox"/> Emet Extension     | <input type="checkbox"/> Emet High School |
| <input type="checkbox"/> Emet Traditions    | <input type="checkbox"/> .....            |

**Student Medical Details:**

Does the student have:

Asthma : ☐ Yes ☐ NoADHD : ☐ Yes ☐ NoAllergies: ☐ Yes ☐ No

If yes, please specify:

.....

.....

Does the student take / need medication:

☐ Yes ☐ No

Allergies to any medication:

☐ Yes ☐ No

Please specify:

.....

.....

Other issues that BJE should be aware of:

.....

.....

**Student 4**

Surname: .....

First Name(s): .....

Gender: male / female

Date of Birth: ..... / ...../ .....

Email address: .....

I/we wish to enrol this student at the following  
school:.....

In the following Year / Class:.....

In the following programme/s:

- |   |   |
|---|---|
| <input type="checkbox"/> Emet ('Scripture') | <input type="checkbox"/> Emet Hebrew      |
| <input type="checkbox"/> Emet Extension     | <input type="checkbox"/> Emet High School |
| <input type="checkbox"/> Emet Traditions    | <input type="checkbox"/> .....            |

**Student Medical Details:**

Does the student have:

Asthma : ☐ Yes ☐ NoADHD : ☐ Yes ☐ NoAllergies: ☐ Yes ☐ No

If yes, please specify:

.....

.....

Does the student take / need medication:

☐ Yes ☐ No

Allergies to any medication:

☐ Yes ☐ No

Please specify:

.....

.....

Other issues that BJE should be aware of:

.....

.....

## **MEDIA CONSENT**

On a number of occasions throughout the school year there are opportunities to celebrate school and student achievements through publications or through reproducing students' work in publications such as the BJE magazine, the Australian Jewish News, in the media, BJE News, school magazines, newsletters and on the BJE web site (no names are used in the web site).

Issues of Child Protection, duty of care and privacy provisions require us to obtain your written consent before a photograph or video of or an interview with a student can be published, including in school publications.

These opportunities often present at very short notice. To enable us to take advantage of such opportunities, we request that you indicate below whether you consent to items being published as described above. The consent will also extend to publishing work done or created by the student. Please note that publication may occur on more than one occasion, and your consent will be understood as applying to all occasions.

**I consent to publication of items as described above in respect of the students listed on this enrolment form.**

**Signature of Parent .....**

**Date: ...../...../.....**

In enrolling my child(ren), I understand and agree to the following in respect of students in classes for which fees are payable (e.g. Emet Extension, Emet Traditions and Hebrew):

**I will be invoiced twice per year (on a semester basis)**

**The timetable and days of attendance are set for the year. Full fees are payable for all enrolled students irrespective of attendance.**

In respect of students withdrawing for 2nd semester, notice of withdrawal must be received by BJE at least 2 weeks prior to the end of the 1st semester, failing which fees will be payable for the 2nd semester.

**Signature of Parent .....**

**Date: ...../...../.....**

## **FOR HEBREW ENROLMENTS ONLY—please also read and sign this section.**

I have been advised by the NSW Board of Jewish Education (BJE) that the information about the students listed on this enrolment form is used for the purpose of applying for and monitoring funding under the CLP (NSW Community Languages Program). It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of programme implementation. I have been advised that DET will be granted access to the information, that provision of this information, by me, is voluntary and that it will be stored securely.

I am aware that if I do not provide this information, the student(s') education will not be funded and this may affect the fees payable by me.

(You may correct any personal information provided at any time by contacting BJE).

**Signature of Parent.....**

**Date: ...../...../.....**

**After completing and signing, please return this form to the:**

NSW Board of Jewish Education  
56 Roscoe Street, Bondi Beach NSW 2026  
F: 02 9365 0976  
E: administration@bje.nsw.edu.au