



## Sydney Lankarama Dhamma School

35 Oak Street Schofields 2762. Tel: 9627 2594

### Student Registration Form

#### Child Details

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Year of Birth: 20 \_\_ \_\_

Gender: M / F

Class to be enrolled: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

#### Parent Details

Parent Name: \_\_\_\_\_

Address : \_\_\_\_\_

: \_\_\_\_\_ NSW \_\_ \_\_ \_\_

Mobile 1 : 04 \_\_\_\_\_

Mobile 2: 04 \_\_\_\_\_

Email 1 : \_\_\_\_\_

Email 2 : \_\_\_\_\_

#### Emergency contact

Name (person known to child) : \_\_\_\_\_

Mobile (person known to child): \_\_\_\_\_

Medicare Number of the child : \_\_\_\_\_ - -

Allergies / Medical Conditions : \_\_\_\_\_

I agreed to rules and regulations set by Dhamma School. I discharge Dhamma School of any responsibility if any accident or injury occurred to my child from / during the Dhamma School.

Signed: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

(Father/Mother/Legal Guardian)

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**Office Use Only:** Student ID: \_\_\_\_\_

Date Admitted: \_\_/\_\_/\_\_

Class Admitted: \_\_\_\_\_

Payment Method: Cash / EFT Payment Date: \_\_/\_\_/\_\_

Amount: \_\_\_\_\_

Receipt No: \_\_\_\_\_