



**Queensland Association of Hindustani
Language School, Culture & Welfare Inc.**
Established 1992

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STUDENT ENROLMENT FORM

Full Name of Student:

Name of Day School attended:

Date of Birth:

Parents' Names:

Postal Address:

Suburb: Post Code:

Phone: Email

Does the student have any Medical Condition(s) that we should know: YES / NO

If YES, then please write down all the medical conditions, and name & contact phone number of your family doctor:

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(Under the Privacy Act, ALL personal information is kept for School Administration ONLY)

Signature: Date:

Parent or Guardian (Not Applicable for Mature Age Students)

For Official Use Only

Application received by: Date :

Name of School Centre:

Signed: Dated: