



SRI LANKA VIHARA PERTH
DHAMMA SCHOOL
STUDENT REGISTRATION FORM

PARENT DETAILS				
Mother's Name		Father's Name		
Address				
Suburb		Postcode	Home Phone No	
Contacts	Mother	Father	SLSBS Membership No	
Mobile No			(This is displayed on the SLSBS Notice Board)	
Email Address				
STUDENT DETAILS				
First Name	Middle Name(s)	Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
NOTE: Please underline preferred name to be used at Dhamma School				
Date of Birth	Age	Name of School Attending	Year/Grade	Dhamma School Level
DETAILS OF SIBLINGS AT DHAMMA SCHOOL				
Name		Date of Birth	Age	Dhamma School Level
Sibling 1				
Sibling 2				
Sibling 3				
PARENT AUTHORISATION				
<p>I/We have read and understood the Dhamma School Rules and Policies. I/We authorise my/our child to attend the Dhamma School, held at the Sri Lanka Vihara Perth, located at 78 Austin Avenue, Kenwick, WA 6107.</p> <p>Consent to photographs/ audio or video and / or other images of my child or child's artworks being utilised by the Dhamma School for social media, education activities, Perth Vihara website, newsletters and any other publications.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>-----</p> <p>Mother' Signature ____/____/20__</p> </div> <div style="width: 45%;"> <p>-----</p> <p>Father's Signature ____/____/20__</p> </div> </div>				
OFFICE USE ONLY				
Received Date:		Processed By:		Membership Validity Check:
____/____/20__				
Current Level Allocated:		Class Teacher:		Class Parent Representative:
Remarks				

