



WELLINGTON SRI LANKAN SCHOOL

*Registered as a Charitable Organisation with the IRD
under the name "Newlands Sinhalese School" (NSS)
IRD No. 77-579-079*

STUDENT ENROLMENT FORM

TO BE COMPLETED BY THE ENROLLING PARENT/ OR STUDENT			
1.	Surname : (CAPITALS)		
2.	Given names : (CAPITALS)	Preferred Name :	
3.	Date of Birth :	Age :	Gender :
4.	Mainstream School/University attended during week-days :		
5.	Student's Year/ Level at Mainstream School/ University :		
6.	Languages Spoken at Home (eg Sinhalese, English, Other) :		
7.	Circle the appropriate skill . At present my child/ I can SPEAK = , READ = , WRITE = , UNDERSTAND = the Sinhalese Language. Indicate level of skill using the scale (Not at all = 0, Very Little=1, Very well = 5)		
8.	What is important for you, that your child achieves at the school ? (Least important= 1, Most important= 5) UNDERSTAND = , SPEAK = , READ = , WRITE = , the Sinhalese Language.		
9.	I like my child to attend – Sinhalese Class Only <input type="checkbox"/> , OR Both Sinhalese and Buddhism Classes <input type="checkbox"/>		
10.	I have experience in teaching Sinhalese and / or Buddhism to children. <input type="checkbox"/> I am willing to assist the Teachers as a Teacher Aide. <input type="checkbox"/> I am willing to participate as an office bearer. <input type="checkbox"/>		
11.	Medical Information (include if applicable, medication needed to be taken while at school)		
12.	Street Address :		
	Telephone (Home) :		Mobile :
	Email :		
13.	In Case of Emergency, the School should contact:(Must be different from the two Parents)		
	Name :		
	Street Address :		
	Telephone (Home) :		Mobile :

First Names of Parents :	
Name of Enrolling Parent :	
Signature :	Date:

PERMISSION TO USE CHILD'S/CHILDREN'S PHOTOGRAPHS	
<input type="checkbox"/> I do give permission for photographs of my child/children to be published in school website or used in school brochures. I acknowledge that ownership of such material is retained by the school.	
Parent's signature :	Date :

TO BE COMPLETED BY THE ENROLLING TEACHER		
Enrolling Teacher's Assessment and/ or Comments :		
Placement: Year /Level at Wellington Sri Lankan School :		
Enrolling Year :	Term Enrolled :	Date of Enrolment :
Name of Class Teacher :		

FOR WSLs ADMINISTRATION PURPOSES ONLY		Name	Date
Coordinator	Update Parent Helpers Roster, Tea Rosters, and the Attendance Register.		
Treasurer	Update Student Fees Register, Receive School Fees, Issue Receipt and NSS Constitution/Rules to Parent		
Editor	Update Telephone Network and Database.		

INSTRUCTIONS

1. At the time of enrolment, the enrolling Parent completes Section 1 of this form and hands it over to the enrolling teacher.
2. The enrolling teacher interviews both child and parent and records details in Section 2 of page2.
3. The form is then handed to the Secretary for photocopying. (3 copies are required)
4. The original is returned to the class teacher for the teacher's file.
5. Other 2 copies are held by the Secretary, Treasurer and Editor in their respective files.
6. Please send this form to info@wslsnz.org and kindly CC coordinator.wsls@gmail.com.

SCHOOL DONATION

Bank Account Number: 06-0581-0100711-00
Fee: \$30.00 / Family per Term or \$120 annually