

# Western Sydney Urdu School, NSW

## Student Enrollment Form-----Year 2024

(May post filled form to 12 Plane Street, Prestons NSW 2170 or email to: [UrduSchool@Hotmail.com](mailto:UrduSchool@Hotmail.com))

### Preferred Location of URDU School (Please Tick only ONE box):

Amity, Prestons  Amity, Auburn  Colyton, Mt. Druitt

### STUDENT:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Boy / Girl

Date of Birth: \_\_\_\_\_ Main Stream School: \_\_\_\_\_ Class: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Any Allergies: \_\_\_\_\_ Any food restriction: \_\_\_\_\_

Any special requirement / instruction: \_\_\_\_\_

### PARENT: (Father / Mother)

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### COURSE LEVEL:

Based on prior Urdu skills of the student, would you suggest his/her admission to any of the following level: [Teacher will assess the students during first session]

Foundation  Stage-1  Stage-2  Stage-3

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The classes have been scheduled on Saturdays for two hours starting 11:00 am

*Semester – I :* Feb to April

*Semester - II :* May to December

NOTE: Volunteer fee per semester: \$20 per student goes to annual school fund raising.

### IN CASE OF EMERGENCY:

Contact person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor (GP): \_\_\_\_\_ Phone: \_\_\_\_\_

Nominate: [If student(s) to be picked by other than parents]

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

### (For Official Use)

Prior Urdu skills, assessed by the teacher:  Nil,  F/n,  S-1,  S-2,  S-3

Admitted to the class: \_\_\_\_\_ Date: \_\_\_\_\_ Remarks: \_\_\_\_\_

Promoted to class: \_\_\_\_\_ Date: \_\_\_\_\_ Remarks: \_\_\_\_\_