



**ORA SYDNEY GUJARATI GRAMMAR SCHOOL**  
**OM RAMESHWAR ASSOCIATION INC.**  
**SATYAM SHIVAM SUNDARAM**



**ENROLMENT FORM 2023**

**Student Details:**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

Mainstream school: \_\_\_\_\_

Year/Grade \_\_\_\_\_

**Students Medical Conditions, Vaccination Status and Health Declaration:**

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies, other medical conditions, or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school

**Details of the medical condition & vaccination status (pls attach supportive documents)**

**ORA Sydney Gujarati Grammar School branch you want to attend:**

- Bungarribee Community Centre (Buniya Hub)  
 Girraween Public School

**Parent 1 / Guardian 1 Details:**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Mobile number \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address: \_\_\_\_\_

How long you have been leaving at this address? \_\_\_\_\_

**Parent 2 / Guardian 2 Details:**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Mobile number \_\_\_\_\_ Email address: \_\_\_\_\_

**Emergency Contact Details:**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Mobile number \_\_\_\_\_

**Media Consent:**

ORA Sydney Gujarati Grammar School, operated by Om Rameshwar Association Inc is seeking your permission for photographs of your child/children to be taken during school activities and to publish the photographs/video and or work on School's Newsletter, School's Website, Community Language School Newsletter, Face book, Community Newspapers, etc. The permission entitles the school to photograph/videos and publish photographs/videos/work of your child. Your child's photograph/video/work may be reproduced either in colour or in black and white. Your child's photograph/video/work will not be used for any purpose other than for general promotion of languages education in Community Language School. Any photographs/videos will be kept for no longer than is necessary for the above mentioned purposes and will be stored and disposed of securely. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/video/work If you agree to permit the Community Language School to take photographs/videos of your child, and to publish the photographs/videos/work of your child, in the manner detailed above, please complete the consent form and return it to the Community Language School. This consent, if agreed, will remain effective until such time as you advise the Community Language School otherwise.

OM RAMESHWAR ASSOCIATION INC.  
Registered Office: - 107 Reservoir Road,  
Blacktown- NSW-2148

Website: - [www.gujaratischool.org.au](http://www.gujaratischool.org.au)  
Email: - [omrameshwarassociation@gmail.com](mailto:omrameshwarassociation@gmail.com)  
ABN: - 26354242831  
Registration Number: - INC1600928



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Do you agree with Media Consent?

- Yes  
 No

**I agree with the following arrangements:**

1. Pay upfront a non-refundable fee of \$70/ per student per year
2. Closely monitor my son/daughter's progress on Gujarati Language and provide feedback for improvement
3. Accept that if my son/daughter's place may become vacant if they are absent for three continuous weeks without explanation.
4. Drop off and pick my son/daughter by myself or my nominee for Gujarati classes and any other functions organized by Gujarati School.
5. Authorise the school to take appropriate welfare and discipline actions on students as per school policies.
6. Attend all Parent and Teacher meetings as per school calendar.
7. I abide by these arrangements and wish to enrol my son/daughter at the above Gujarati School.
8. Compliance to school's Health and Safety guidelines including restrictions around Covid-19,

Parent /Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**

Date contribution paid: \_\_\_\_\_ Receipt number \_\_\_\_\_

Status of enrolment: Approved/Not Approved/ Waitlisted Class enrolled \_\_\_\_\_

Name of the enrolling officer: \_\_\_\_\_ Signature \_\_\_\_\_

All school related inquiries should be directed to National Education Director – Mr Viral Mehta – 0433 774 661

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Internal