



AQUASWIM AFTER SCHOOL ENROLMENT PRE PRIMARY AND ABOVE ONE STUDENT TO EACH FORM

FIRST NAME SURNAME

DATE OF BIRTH AGE MALE / FEMALE

ADDRESS

PARENT/GUARDIAN

FIRST NAME SURNAME IF DIFFERENT.....

PHONE HOME MOBILE

SCHOOL ATTENDING..... YEAR AT SCHOOL.....

STAGE ATTEMPTING (Classes subject to change if insufficient numbers enrolled)

ANY MEDICAL HISTORY	YES / NO
DOES STUDENT TAKE ANY MEDICATION	YES / NO
Does student have a medical condition the instructor needs to be aware of, for example, Asthma, ADD/ADHD, Epilepsy, Diabetes, Learning Difficulties, Fainting, Deafness, Short/Long Eyesight, Haemophilia, Grommets, Physical Disabilities, (i.e. Club foot, low muscle tone), recent operations, High Blood Pressure	
Please give details	

PARENT/GUARDIAN SIGNATURE

DATE

Office Use Only

2009 Term 3 Receipt No Stage Enrolled

2009 Term 4 Receipt No Stage Enrolled