



PERTHIN SUOMI-KOULU

PERTH FINNISH SCHOOL

ILMOITTAUTUMISLOMAKE

REGISTRATION FORM

1. Oppilaan nimi / Name of pupil	
Syntymäaika / d.o.b	Kielitaito / Finnish language skills
Muita tietoja (esim. allergiat) / Other information (e.g. allergies)	

2. Oppilaan nimi / Name of pupil	
Syntymäaika / d.o.b	Kielitaito / Finnish language skills
Muita tietoja (esim. allergiat) / Other information (e.g. allergies)	

3. Oppilaan nimi / Name of pupil	
Syntymäaika / d.o.b	Kielitaito / Finnish language skills
Muita tietoja (esim. allergiat) / Other information (e.g. allergies)	

Vanhempien nimet / Name of parents/guardians
Yhteys Suomeen / Finnish connection
Osoite / Address
Puhelinnumero(t) / Telephone number(s)
Sähköposti / e-mail address

4. Oppilaan nimi / Name of pupil	
Syntymäaika / d.o.b	Kielitaito / Finnish language skills
Muita tietoja (esim. allergiat) / Other information (e.g. allergies)	

Lapseni/lasteni kuvia saa esiintyä Suomi-koulun julkaisuissa
(I give permission to publish pictures of my child/children in
Finnish school publications) **Kyllä (Yes)** **Ei (No)**

LUKUKAUSIMAKSUT 2019 / Term Fees 2019

\$ 25 / Lukukausi / Yhden lapsen perhe (Term / 1 child)

\$ 40 / Lukukausi / Kahden tai useamman lapsen perhe
(Term / 2 or more children)

\$ 50 / Lukukausi (Term / Adults)

\$ 90 / Lukuvuosi / Yhden lapsen perhe (School year / 1 child)

\$140 / Lukuvuosi / Kahden tai useamman lapsen perhe
(School year / 2 or more children)

\$ 150 / Lukuvuosi / Aikuisryhmä (School year / Adults)

TILITIEDOT / Payment details

Bank: Commonwealth Bank

Account name: Perth Finnish School

BSB: 066-209

Account no: 1008 7464

Reference: Oppilaan nimi / Student's name

Maksu 14pv sisällä. Maksettuja lukukausimaksuja ei palauteta / Amount due in 14 days. Term fees are not refundable.

Lisätietoja/ Information: suomikouluperth@gmail.com

Consent Form

In the event of any injury or illness to my children, I authorise the Perth Finnish school teacher in charge to apply or arrange first aid (doctor, nurse, ambulance, etc.) and if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses including ambulance costs and any incidental expenses incurred on behalf of my children.

I agree to release the Perth Finnish School, and all of its officers, personnel and contractors, from any liability to my children or myself in relation to any injury or illness that or my children may suffer, and for loss or damage to property. I acknowledge and understand that I remain responsible for myself, my children and anyone else in my care at all times and that my children are not to be left unaccompanied at the Perth Finnish School.

I hereby indemnify the Perth Finnish School against any loss, damage, or expense as a result of my actions or the actions of my children or anyone in my care.

Emergency contact:

Name: _____ Mobile: _____

Medicare Number: _____ Ambulance fund: _____

Private Health Fund: _____ Number: _____

Signature: _____ Date: _____