



**Wellington Indian Association (Inc)
Gujarati School Enrolment Form**

WIA Membership Number: _____
Parents must be members of Wellington Indian Association (Inc)

Enrolment form for the year _____

Child Full Name: _____

Date of Birth: _____

Parents Name: _____
(Father) (Mother)

Address: _____

Phone #: _____
(Day) (Evening)

(Mobile)

Email: _____

Would you like to receive newsletters and information regarding WIA Gujarati school via email Yes / No

Emergency Details - In case of an emergency who should we contact?

Name: _____

Telephone: _____

Relationship: _____

Medical Information - Medical Conditions to be aware of: _____

I/We enclose the annual school fees of \$_____ (Annual School Fees: \$100.00 per child)

I/We (Parents Name)_____ confirm the above information is true and correct and agree to abide by the rule of the school as set out by the association:

(Parents Signature) (Date)

Office use only	
Invoice number: _____	Amount Paid: _____ (Cash/Cheque)
Date of Payment : _____	Date of Banking: _____
Class: 1 2 3 4 5 6 (circle one)	
Enrolment Officers Signature: _____	Banking Officers Signature: _____