



VICTORIA ARYA SAMAJ

HINDI CLASS ENROLMENT FORM

1. Student's Details

First Name: _____	Surname: _____
Date of Birth: ____/____/____	
Address: _____	
_____	Postcode: _____

2. Parent's Details

First Name: _____	Surname: _____
Address: _____	
_____	Postcode: _____
Home Phone: _____	Mobile: _____
Email: _____	

3. Emergency Contact (If different from Parent's details)

First Name: _____	Surname: _____
Address: _____	
_____	Postcode: _____
Home Phone: _____	Mobile: _____

4. Medical Condition and Dietary Restrictions

Medical Condition: _____
Dietary Restrictions: _____

.....
Parent's Signature

____/____/____
Date

Send completed form to: The Secretary
Victoria Arya Samaj
14 Holly Ct
Gowanbrae VIC 3043

For more details contact: Sunil Chand on (03) 8361 9761