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| **إقرار ولي الأمر/الوصي**  **التسجيل في دورة اللغة للشهادة الثانوية في ويسترن أستراليا (WACE)**  اسم الطالب: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  اسم المدرسة: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  أنا أقرُّ بأنني اطلعت على هذا الطلب. على حدّ علمي، تم إكمال الطلب بصدق ودقّة.  الاسم: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  التوقيع: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_التاريخ: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  البريد الإلكتروني لولي الأمر/الوصي:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   عنوان السكن الحالي.  الرقم/الشارع:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  الضاحية:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  الرمز البريدي:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***الطالب الذي يقدّم معلومات غير صحيحة أو مُضلّلة في طلبه للحصول على إذن للتسجيل يُعتبر مُنتهكاً لقواعد الفحوص وقد يتمّ إخراجه من الدورة أو حذف النتائج التي حقّقها في الدورة من سجلات هيئة المناهج والمعايير المدرسية الرسمية (School Curriculum and Standards Authority).***