### Multilingual School Notices (Full Set)

**Sinhalese**

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(School letterhead/logo)

(Date)

(Handwritten text in Sinhala)

INFORMATION REGARDING PARENT PARTICIPATION  SINHALESE 1
(School letterhead/logo)

Dear Parents/Guardians,

This letter has been written to inform you about the recent interview held with your child. The interview was conducted by the respective teacher(s) on [date], and was attended by the student [student name].

The interview covered various topics, including but not limited to:

- Students' achievements and progress
- Areas for improvement
- Future goals and plans

Your child has been identified as needing extra support in the following areas:

- [List of areas with corresponding checkboxes]

Please review the above and sign below to indicate your agreement or disagreement with the assessment.

[Signature]
[Date]

[Teacher Name]

_________________________________________________________________________

[Office/Department Name]

_________________________________________________________________________

[Date]

_________________________________________________________________________

[Principal's Signature]

_________________________________________________________________________

[Date]

_________________________________________________________________________

[Assistant Principal's Signature]

_________________________________________________________________________

[Date]

PARTICIPATION IN PARENT TEACHER INTERVIEW  SINHALESE 2
(School letterhead/logo)

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(Date)

(.student's name)

........................................................... (date) .......................... (time) ..........................

(teacher)

...........................................................

(School letterhead/logo)
STUDENT EXCURSION CONSENT FORM

SINHALESE 5

(only for excursions not requiring School Council approval)
STUDENT EXCURSION CONSENT FORM

SINHALESE 5

(only for excursions not requiring School Council approval)
(School letterhead/logo)

(Date)

(End of Term)
(School letterhead/logo)

(Date)

(-Day) ............................................. (date) රුව වදවා කරවන්නේ.

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විශේෂ □

෇මවන්නේ.................................

උපතවේද්‍ය ..............................
(School letterhead/logo)

(Date)

Dear [Student Name],

The School of [School Name] has issued this card as a Concession Card for [Student Name]'s participation in school activities. This card entitles [Student Name] to discounted public transport services provided by [Public Transport Operator].

The card is valid for [Valid Period]. Please ensure that the card is kept in a safe place and presented when required.

[Public Transport Operator] is committed to providing efficient and reliable transport services to our students. We encourage you to make good use of this card to enhance your learning experience.

Please note that failure to present this card may result in increased fares.

Yours sincerely,
[Signature]
[Name]
[Title]

---

TRAVEL CARD

**SINHALESE 8**
(School letterhead/logo)

(Date)

(Registrar/Head Teacher)

To: ................................................................. (name) _subject/issue  Registrar/Head Teacher

From: the Principal of the School

Subject: Notice

Dear Registrar/Head Teacher,

I would like to bring to your attention the following:

[Details of the issue]

Contact person: ...........................................................

Phone: ...............................................................

Yours sincerely,

[Signature]

[Date]

EXIT FROM ENGLISH LANGUAGE SCHOOL/CENTRE  SINHALESE 9
(School letterhead/logo)

(Date)

Today the student has the following medications on file:

- Student Health Support Plan
- Individual Anaphylaxis Management Plan

The student requires the following support in managing their health:

- Student Health Support Plan
- Individual Anaphylaxis Management Plan

If you have any questions or concerns, please contact me at...

...................................

(phone)

...................................

(name)
School letterhead/logo

(Date)

Dear [Dear Student’s Name],

This letter serves to inform you of your immunisation status (immunisation status certificate) as recorded in the Australian Childhood Immunisation Register. Your [Student’s Name] has [has not] received all the required immunisations as per the Australian Immunisation Schedule.

To verify your immunisation status, you may access the Australian Childhood Immunisation Register online at [www.medicareaustralia.gov.au/online]. You can also contact Medicare on 1800 653 809 or visit Medicare Australia’s office to obtain a copy of your Australian Childhood Immunisation Register.

Your [Student’s Name] has been immunised against [list of immunisations received]. If you require a copy of the Immunisation Certificate, please contact [Medicare] on 1800 653 809 or visit your local Medicare office.

For further information, you may contact Medicare on 1800 653 809 or visit Medicare Australia’s website at [www.medicareaustralia.gov.au/online].

[Student’s Name]

[Date]

............................

..............................................................................
(School letterhead/logo)

(Date)

(Empty text area)

PARENT PAYMENTS
SINHALESE 12
(School letterhead/logo)

(Date)

(.student’s name) 

(Regarding student’s name) 

(Year) 

(Student’s name) 

(Regarding student’s name) 

(School letterhead/logo)

(SINHALESE 13)
(School letterhead/logo)

(Date)

Dear Sir/Madam,

The Swimming Program will take place on [Date] at [Time] at [Venue].

The entry fee for the event is $[Amount].

Registration is mandatory. To register, please complete the following form:

[Form]

S.W.I.N.G.

SINHALESE 14
MEETING REQUEST

(Many SRI LANKA GOVERNMENT SCHOOLS USE A LETTERHEAD/LOGO)

(Date)

(Many SRI LANKA GOVERNMENT SCHOOLS USE A LETTERHEAD/LOGO)

(Many SRI LANKA GOVERNMENT SCHOOLS USE A LETTERHEAD/LOGO)

[Signature]

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□ අඩුමුකරණ
□ නිලධාරී

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□ නිෂ්පාදනය පිළිතුරු
□ නිෂ්පාදනය පිළිතුරු

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□ සාකච්ඡා

5. ගැන
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(School letterhead/logo)

(Date)

(Recipent Name)

(School Name)

(School Address)

(School Contact)

(Principal)

(Parent/Guardian Name)

(Parent/Guardian Contact)

(Consent)

1. I/We hereby authorize the above-named student to participate in the school excursion to be held on the above date.

2. I/We agree to the terms and conditions set forth in the school excursion consent form.

3. I/We understand that participation in the excursion is voluntary and that the school is not liable for any injuries or damages incurred during the excursion.

4. I/We consent to the use of the student's personal information for the purpose of organizing and facilitating the excursion.

5. I/We understand that the student is responsible for their behavior and actions during the excursion.

6. I/We authorize the school to use any photographs or videos taken during the excursion for promotional or administrative purposes.

7. I/We understand that the student will be responsible for their own belongings and will be supervised at all times.

(Parent/Guardian Signature)

(Parent/Guardian Date)

(Additional Notes)

STUDENT EXCURSION CONSENT FORM

(for excursions requiring transport in a privately owned vehicle with principal approval and not requiring school council approval)
�මුණම සැලසුමේ:

3. හැඳින්වීම: (ප්‍රතිකාරී ප්‍රශ්නය) මුද්York මඟින් පිළිබඳ මෙම සමූහයේ 18 ප්‍රශ්නයකින් දක්නට ලැබේ.

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උපකාරකම් නාම සැලසුමේ කරමු:

ඉතිහාසික ්යෙන්මන්තර චිත්‍ර මුද්York මඟින් පිළිබඳ මෙම සමූහයේ 18 ප්‍රශ්නයකින් දක්නට ලැබේ:

• ශ්‍රී ලංකාවේ මෙම විශේෂ විශේෂ අංගයේ මෙම චිත්‍ර මුද්York මඟින් පිළිබඳ මෙම සමූහයේ 18 ප්‍රශ්නයකින් දක්නට ලැබේ

• ශ්‍රී ලංකාවේ මෙම විශේෂ විශේෂ අංගයේ මෙම චිත්‍ර මුද්York මඟින් පිළිබඳ මෙම සමූහයේ 18 ප්‍රශ්නයකින් දක්නට ලැබේ

ඉතිහාසික ්යෙන්මන්තර චිත්‍ර මුද්York මඟින් පිළිබඳ මෙම සමූහයේ 18 ප්‍රශ්නයකින් දක්නට ලැබේ.

ඉතිහාසික ්යෙන්මන්තර චිත්‍ර මුද්York මඟින් පිළිබඳ මෙම සමූහයේ 18 ප්‍රශ්නයකින් දක්නට ලැබේ.

STUDENT EXCURSION CONSENT FORM

(for excursions requiring transport in a privately owned vehicle with principal approval and not requiring school council approval)
MEDICAL INFORMATION FOR SCHOOL COUNCIL APPROVED EXCURSIONS

SINHALESE 19
MEDICAL INFORMATION FOR SCHOOL COUNCIL APPROVED EXCURSIONS

SINHALESE 19