



School for the German Language Inc.
Schule der Deutschen Sprache e.V.
ABN: 82 358 402 260
www.germanschool.org.au



ADULT CLASS ENROLMENT FORM 2017

COVER SHEET

AN ENROLMENT FORM IS REQUIRED BY THE SCHOOL **EACH YEAR** TO COMPLY WITH OUR SCHOOL REGISTRATION CONDITIONS.

Note:

*This enrolment form is for the Adult Classes.
A different form is used for Pre-School, Reception and Year 1-12 classes.*

Please fill in and sign:

- (a) Your Details (page 2)
 - (b) Criminal History Screening (page 3)
- and return to the School Office as soon as possible.

School Fees are specified in a separate schedule.
(available on the web-site or from the School Office)

For further information contact the Principal:

email: principal@germanschool.org.au Mobile: 0437 626 723

Website: www.germanschool.org.au

General Enquiries: enquiries@germanschool.org.au

Postal Address: PO Box 10140
Gouger Street BC
Adelaide SA 5000

Security and confidentiality:

Student Enrolment Forms are confidential and must be stored in a secure and private location. Information provided in Enrolment Forms is confidential.



ADULT CLASS ENROLMENT FORM 2017 YOUR DETAILS

Surname Given Name(s)

Home Address

..... State Postcode

Postal Address (*if different from above*)

..... State Postcode

Tel (Home) Tel (Work)

Email:

PRIOR GERMAN SKILLS

None Some Words Basics

Other

Full-Time Student ? YES NO

Institution

In case of emergency, the School should contact:

Tel (Home) Tel (work) Mobile:

Name of Child Enrolled (if applicable) Class

Signature of Enrolling Adult

Date..... /..... /

See also next page for Criminal History Screening



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CRIMINAL HISTORY SCREENING

Criminal History

Have you ever been found guilty of a criminal offence? **Yes / No**

Have you ever been investigated for allegations of a sexual nature? **Yes / No**

and require the enrolling adult to endorse the following statement:

I understand that the principal of the school can require me to undergo a criminal history screening check at any time and that my continued enrolment is conditional on my giving consent to such a screening.

Furthermore, I understand that my enrolment will be terminated if, subsequent to obtaining the results of my criminal history screening, it is determined by the Department of Education and Child Development that I present an unacceptable risk to children and young people at the school.

Name of enrolling Adult

.....

(Please Print)

Signature of enrolling adult

.....

Date..... / /