



School for the German Language Inc.  
Schule der Deutschen Sprache e.V.  
ABN: 82 358 402 260  
[www.germanschool.org.au](http://www.germanschool.org.au)



## STUDENT 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 Pre-School, Reception and Year 1-12 Classes.  
A different enrolment form is required for the Adult Classes.*

**Please fill in and sign:**

- (a) Family (Parent/Caregiver) Details (page 2)
- (b) Student Details (separate form for each student) (page 3)
- (c) Additional Information for Students in Years 10, 11 & 12 (page 4)
- (d) Additional Information for Students over 18 (page 5)

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)

**Website:** [www.germanschool.org.au](http://www.germanschool.org.au)

**Enquiries:** [enquiries@germanschool.org.au](mailto: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.*



## STUDENT ENROLMENT FORM 2017

### FAMILY (PARENT/CAREGIVER) DETAILS

Surname ..... Given Name(s) .....

Surname ..... Given Name(s) .....

Home Address .....

..... State ..... Postcode .....

Postal Address (*if different from above*) .....

..... State ..... Postcode .....

Tel (Home) ..... Tel (Work) .....

Email: .....

Language/s spoken at home: .....

In case of emergency, the School should contact: .....

Tel (Home) ..... Tel (work) ..... Mobile: .....

#### **Names of Students to be Enrolled (separate form for each)**

1. ....

2. ....

3. ....

4. ....

5. ....

#### **Please Note:**

**The school may not be able to accept students who require extensive support.**

**Ambulance and medical costs, if applicable remain the responsibility of the parent/guardian.**



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## STUDENT ENROLMENT FORM 2017

### STUDENT DETAILS

Surname ..... Given Name(s) .....

Home Address .....

..... State ..... Postcode .....

Place of Birth .....

DOB ..... / ..... / ..... Age: ..... Sex: Male / Female

Mainstream School (*School attended on week days*): .....

Address (*Suburb*): .....

Student's Year Level at Mainstream School ..... Class Teacher's name: .....

Is this student an overseas full-fee paying student ? : **Yes / No**

***Is there any Medical Information the School should be aware of relating to this student ?:*** **Yes / No**

*If YES please attach information as required, including details of any medication needed to be taken at school, any medical condition which might need first aid and health care plan if applicable.*

***Are there any current Court Orders relating to this student ?:*** **Yes / No**

*If YES please attach a copy of the order for the school's records and ensure the school is kept fully informed.*

*I give permission for the School for the German Language or the Ethnic Schools Board to use my Child's image for non-profit promotional purposes: **Yes / No** (Defaults to Yes if not marked)*

I certify that this is the only ethnic school the student/s attends to learn German.

**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS FORM AND AS STATED ABOVE, AND/OR ATTACHED, IS CORRECT.**

Signature of Parent/Caregiver .....

Name of enrolling Parent/Caregiver .....  
(please print)

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

**If circumstances change, please inform the school immediately.**



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**STUDENT ENROLMENT FORM 2017**

**YEAR 10, 11 & 12 STUDENTS only**

**(Additional information required for DSD examinations)**

Surname ..... Given Name(s) .....

Place of Birth  
Town/City: .....

Country: .....

Citizenship: .....

German Speaking Ability : DaM / DaF

DaM = Deutsch als Muttersprache (Native German Speaker)

DaF = Deutsch als Fremdsprache (Foreign Language Speaker)



**STUDENT ENROLMENT FORM 2017**  
**STUDENTS OVER 18 AT TIME OF ENROLMENT**  
**(Additional information required by DECD)**

**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 student (over 18) 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 student (over 18)

.....

(Please Print)

Signature of enrolling student

.....

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

NB: This section does not apply to students who turn 18 years of age during the period of their enrolment.