



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 2018

COVER SHEET

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

Enrolment Form to be completed and signed and sent by either email or post to the Administration Officer as soon as possible.

School Fees are specified in a separate schedule which is available on the website or from the Administration Officer.

For further information contact:

admin@germanschool.org.au

Website: www.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.



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ADULT CLASS ENROLMENT FORM 2018 YOUR DETAILS

Surname Given Name(s)

Home Address

..... State Postcode

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

..... State Postcode

Tel (Home) Tel (Work)

Email:

In case of emergency, the School should contact:

Tel (Home) Tel (work) Mobile:

PRIOR GERMAN SKILLS

- None Some Words Basics
 Other

.....

Full time student ID No./Institution.....

Pensioner Concession Card/Health Care Card.....

Name of Child Enrolled (if applicable) Class

Signature

Date / /



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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**

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..... / /