



School for the German Language Inc.

ABN: 82 358 402 260

www.germanschool.org.au



STUDENT ENROLMENT FORMS 2018

COVER SHEET

A **SEPARATE** ENROLMENT FORM **FOR EACH CHILD** IS REQUIRED BY THE SCHOOL **EACH YEAR**, IN ORDER TO COMPLY WITH OUR SCHOOL REGISTRATION CONDITIONS.

Note:

*The enrolment form(s) listed below are for Children's Classes.
Different enrolment forms are required for Adult Classes.*

Please fill in and sign:

- (a) The ESASA-Specified Enrolment form (2 pages)
- (b) Additional Information for Students in Years 10, 11 & 12 (if applicable)
- (c) Additional Information for Students over 18 (if applicable)
- (d) Language Perfect Enrolment form (optional)

and return to the School Office as soon as possible.

Note: There are additional forms for students enrolling in the Sturt Street campus. Please contact staff at Sturt Street direct.

School Fees are specified in a separate schedule.

(available on the web-site or from the School Office)

Website: www.germanschool.org.au

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

If information changes, please inform the school immediately.



Student Enrolment Form 2018

Student Details

Surname:				Given Name:			
Middle Name:				Place of Birth			
Date of Birth	/	/	Age			Gender	
Home address							
Suburb			State	SA	Postcode		
Postal Address							
Home Phone			Work Phone			Mobile Phone	
Email							
Language spoken at home							

Mainstream School Details

(Mainstream school is the school attended on weekdays)

School Name				Suburb			
School Address							
Student's Year level			Is this student an overseas full-fee paying student?	Yes	No		

Parent Details

Parent 1

Mr/Mrs/Miss/Other			Name				
Relationship to Student				Gender			
Home Phone				Mobile Phone			
Work Phone				Email			
Home Address							
Suburb			SA	Postcode			

Parent Details

Parent 2

Mr/Mrs/Miss/Other			Name				
Relationship to Student				Gender			
Home Phone				Mobile Phone			
Work Phone				Email			
Home Address							
Suburb			SA	Postcode			

Emergency Contacts

If parents or guardians cannot be contacted or unable to collect students, the School should contact:

Person 1: Name				Home Phone			
Mobile Phone				Work Phone			
Person 2: Name				Home Phone			
Mobile Phone				Work Phone			

Medical Information

Does your child have a diagnosed medical condition which might need first aid? *Please circle*

Severe allergies	Anaphylaxis	Food Intolerance	Asthma	Joint Condition	Heart Condition		
Seizures/Epilepsy	Diabetes	Visual Impairment	Hearing Impairment	Other:			
For any condition a separate Medical Management Form is required. Does your child need extra routine health support? (e.g. support with medication management, continence care, psychiatric issues)						Yes	No



Family Court Orders

Are there any current Court orders relating to this student? <i>If yes, please attach a copy of the order for the school's records. If circumstances change, please inform the school immediately.</i>	Yes	No
Details: 		

Declaration and Consent

By signing below, you declare that you have been made aware and will abide by the policies of the school. You also declare that the information provided by you in this enrolment form is true and correct and that you will inform the school of any changes to this information as they occur. Consent is given by circling YES to each statement.

I/we consent to the staff at this school seeking or where appropriate administering any first aid or medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I/we will reimburse any expense incurred by the school should this happen.	Yes	No
I/we consent to the staff administering medication if so requested by me/we in writing using the appropriate medication authority form (I/we recognise all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner; from its original container; bearing the original label with the name of the child to whom the medication is to be administered; and before its expiry or use by date. I/we understand that such medication should be administered in accordance with any instructions attached to the medication or written instructions provided by a registered medical practitioner using a medical management form).	Yes	No
I/we agree to notify the school as soon as possible if my child will be absent.	Yes	No
I/we agree to give two weeks written notice to withdraw my child from the school.	Yes	No
There are times when children may be photographed or filmed : e.g. special events, newspaper articles, television news items. I/we give permission for my/our child to be filmed or photographed and for photos to be used for non-profit promotional purposes.	Yes	No
I/we consent to my child's name in the school newsletter/website for an undefined period of time	Yes	No
From time to time teachers will take classes on short local walks as part of the school's educational program. These walks will take place at any time during the year. It is understood that in extreme heat or inclement weather conditions, such walks would not take place. I/we give consent for my/our child to go on short local walks. Note - major excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving financial cost a separate notice will be given and separate consent forms collected.	Yes	No
I/we give consent for my/our child to participate in any incursions the school may organise, where people share their skills, knowledge, experiences etc. with my/our child.	Yes	No

I certify that this is the only Ethnic School my child attends	Yes	No
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Or (if applicable) my child is also enrolled at _____

I declare that to the best of my knowledge the information contained in this form as state above is correct.

Signature of Parent 1		Date	
Signature of Parent 2		Date	
Name of Person Enrolling the student (Please Print)			

Please note: *The ethnic school may not be able to accept students who require extensive support without your assistance. Ambulance and medical costs, if applicable, remain the responsibility of the parent/guardian.*

Privacy Disclaimer

The school acknowledges and respects the privacy of its community. The information that is being collect by the school is to process your enrolment. By completing this form, you have consented to this information being collected. The intended recipients of this information are the school, The Ethnic Schools Association of South Australia Inc. and for interaction with the Government of South Australia who provide funding to ethnic schools. The information collected will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the Privacy Act. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the school's record management policy. The contact information of students will be shared publicly only when the express permission is given to the Ethnic Schools Association of South Australia to do so or under mandatory reporting requirements.



School for the German Language Inc.
Schule der Deutschen Sprache e.V.
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STUDENT ENROLMENT FORM 2018

STUDENTS IN YEARS 10, 11 & 12 AT REGULAR SCHOOL (Additional information required for SACE and DSD exams)

Please Print in Black or Blue Ink

Surname

Given Name(s)

Place of Birth

Town/City:

Country:

Citizenship:

Name of Regular School:

Year Level at Regular School:

Name of SACE Coordinator

at Regular School

SACE ID:

German Speaking Ability : DaM / DaF (circle one)

DaM = Deutsch als Muttersprache (Native German Speaker)

DaF = Deutsch als Fremdsprache (Foreign Language Speaker)



STUDENT ENROLMENT FORM 2018

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**

Enrolling 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..... /..... /

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



LanguagePerfect



SCHOOL FOR THE GERMAN LANGUAGE INC.

SCHULE DER DEUTSCHEN SPRACHE e.V.

LANGUAGE PERFECT ENROLMENT FORM 2018






The School for the German Language would like to integrate Language Perfect, a new online language vocabulary tool, into the class context.

Language Perfect enables students to focus on vocabulary learning at home. This means, teachers can spend more time teaching grammar and applying this vocabulary in context. It also allows the teacher to monitor your child's progress and pass this feedback on to parents through a feature called the Control Panel.

The resource has been successfully implemented in hundreds of schools around the world with notable impacts on student motivation, grades and even on the number of students who continue with their language learning!

Students gain points for every word they learn; they can therefore compete against their friends in a fun, educational and safe environment at their own pace.
<http://www.languageperfect.com>

Key features:

-  **Native speaker pronunciation**
-  **Multiple testing modes:** improves reading, listening and writing skills
-  **Instant feedback:** scoreboard and competition aspect
-  **Access from anywhere:** at school, at home, on holiday etc...
-  **Languages:** Chinese, French, German, Greek, Indonesian, Italian, Latin, Japanese, Maori and Spanish.

Costs: \$ 30 per year. Please pay this fee together with your child's German School fees.



Name of student: _____ **Class:** _____

- No**, I do not wish to enrol my child in Language Perfect.
- Yes**, I wish to enrol my child in Language Perfect. (Fee \$30)
- My child is already using LP at his/her mainstream school** (no additional fee)

Name of School: _____

Email address _____

Signature _____

Date: ____/____/____