



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)



# ADULT CLASS ENROLMENT FORM 2019

## 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](mailto:admin@germanschool.org.au)

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



## ADULT CLASS ENROLMENT FORM 2019 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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## ADULT CLASS ENROLMENT FORM 2019

### 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 for Education 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..... / ..... / .....