



School for the German Language Inc.

ABN: 82 358 402 260

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



## STUDENT ENROLMENT FORMS 2019

### 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) ESASA-Specified Enrolment Form (2 pages)
- (b) School Policies Acknowledgement Form
- (c) Additional Information for Students in Years 10, 11 & 12 (if applicable)
- (d) Additional Information for Students over 18 (if applicable)

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](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*

**If information changes, please inform the school immediately.**



## Student Enrolment Form 2019

### 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? If yes, please attach a copy of the order for the school's records. If circumstances change, please inform the school immediately.**

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 <b>seeking or where appropriate administering any first aid or medical treatment from a registered medical or dental practitioner, hospital, or ambulance service</b> (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 <b>photographed or filmed</b> : e.g. special events, newspaper articles, television news items. <b>I/we give permission for my/our child to be filmed or photographed and for photos to be used for non-profit promotional purposes.</b>   | 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 <b>short local walks</b> 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. <b>I/we give consent for my/our child to go on short local walks.</b> 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 <b>incursions</b> 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 |
|--|-----|----|

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<br>(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.



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## **ENROLMENT 2019**

# **SCHOOL POLICIES ACKNOWLEDGEMENT FORM**

### **(Parents/Caregivers to sign)**

The SA Department for Education prescribes policies that all Ethnic Schools must follow.

These policies are available on the Ethnic Schools Association of SA [website](http://www.esasa.asn.au) (www.esasa.asn.au), and also in hard copy at the School Office.

The key policies that parents/caregivers must be aware of are:

- ES01 Child Safe Environments Policy
- ES04 Grievance and Complaints Policy
- ES06 Student Code of Conduct
- ES24 Visitor and Parental Volunteer Policy
- ES34 Student Attendance Policy
- ES37 Medication, Accident and First Aid Policy
- ES39 Cyber-Safety Policy
- ES46 Sun Smart Policy
- ES47 Immunisation and Infection Control Policy

*I acknowledge that I have been made aware of these school policies and that I will familiarise myself with them at the earliest opportunity.*

*I also pledge that I will adhere to these policies and ensure that my child/children do likewise.*

Signature: .....

Name: .....

(please print)

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



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## STUDENT ENROLMENT FORM 2019

# 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)



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## STUDENT ENROLMENT FORM 2019

# STUDENTS OVER 18 AT TIME OF ENROLMENT (Additional information required by Dept for Education)

### 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 for Education 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.