



School for the German Language Inc.

ABN: 82 358 402 260

www.germanschool.org.au



STUDENT ENROLMENT FORMS 2020

COVER SHEET

A **SEPARATE** STUDENT 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)
 - separate form for each child,
 - the parent/caregiver details must be filled out for each child
- (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

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 2020

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/s spoken at home					

2020 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?					<i>Please circle</i>	
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 – please circle Yes or No for each statement.

I/we agree to delegate my/our authority to supervising ethnic school staff. Such supervising staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.	Yes	No
In the event of an accident or illness and contact with me/us being impracticable or impossible, I/we authorise ethnic school staff to arrange whatever medical or surgical treatment a registered medical or dental practitioner, hospital or ambulance service (including transport to a hospital) considers necessary. I/we will pay all ambulance, medical and dental expenses incurred on behalf of my/our child.	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. <small>Note - excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving transport and/or a financial cost, a separate notice will be provided and separate consent forms collected.</small>	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 school is the only Ethnic School my child attends. Or (if applicable) my child is also enrolled at _____	Yes	No

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

By signing below, you declare that you have been made aware of 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 it occurs.

School policies are available for viewing or download at: <https://www.esasa.asn.au/school-information/policies-for-ethnic-schools/>

Signature of Parent 1		Date	
Signature of Parent 2 <i>(not compulsory)</i>		Date	
Name of Person Enrolling the student <small>(Please Print)</small>			

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 2020

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 2020

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 2020

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.