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School Use Only

Form collected and checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

## 2017 Government School Student Enrolment Form For Senior Secondary Courses

### Section 1 - Student Personal Details

Family Name:

Given Names:

Preferred Name:   
*(if different to given name)*

Date of Birth:

Sex: Male  Female

Is the student of Aboriginal or Torres Strait Islander origin?  
*(For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.)*

No  Yes,  Aboriginal Yes,  Torres Strait Islander

In which country was the student born?  
Australia  Other – please specify

If other, on what date did the student arrive in Australia?

Language spoken at home:

Name of Day School/College:

Year Level at Day School/College in 2017:

SACE Registration No. (if known):

Is the student a Full Fee Paying Overseas Student? Yes  No  If yes, endorsement must be provided by his/her International Student Program manager (ISP), (see Section 10)

Has the student discussed this enrolment with a School of Languages Enrolment Officer? Yes  No  If no, please contact the School of Languages

Has the student discussed this enrolment with his/her day school/college? Yes  No  He/She needs his/her day school's endorsement (see Section 10)

Is the language and level for which the student is enrolling available at his/her day school/college? Yes  No  If yes, a letter of approval signed by his/her day school Principal must accompany this form

Does the student have a sibling studying at the School of Languages? Yes  No  Name of sibling:

#### Office use Only

Subject Selection:  Enrolment Officer:  Date:

Teacher:  Schools Online:  SACE Coord:  Roll Class:

Invoice No:  Date:

Section 2 - Parent 1/Guardian 1 (in Australia) (Enrolling Parent/Guardian)	Parent 2/Guardian 2 (in Australia)
Mr/Mrs/Ms/Other: <input type="text"/>	Mr/Mrs/Ms/Other: <input type="text"/>
Family Name: <input type="text"/>	Family Name: <input type="text"/>
Given Names: <input type="text"/>	Given Names: <input type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to student: <input type="text"/>	Relationship to student: <input type="text"/>
Work Phone Number: <input type="text"/>	Work Phone Number: <input type="text"/>
Mobile Phone: <input type="text"/>	Mobile Phone: <input type="text"/>
<b>(Contact number for Absence SMS)</b>	Email address: <input type="text"/>
Email address: <input type="text"/>	
<b>(The majority of school communication will be via email or SMS)</b>	

### Section 3 - Addresses

**Mailing Address** (Of Parent/Guardian with whom student lives)

Title and Name: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	<input type="text"/>
<input type="text"/>	
Suburb/Town: <input type="text"/>	Student's Mobile Phone: <input type="text"/>
Postcode: <input type="text"/>	<input type="text"/>
Student's School Email Address: <input type="text"/>	

**Residential Address** (If different from above)

Title and Name: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	<input type="text"/>
<input type="text"/>	
Suburb/Town: <input type="text"/>	
Postcode: <input type="text"/>	

If other addresses (B – Billing, H – Holiday) include them here: \_\_\_\_\_  
 \_\_\_\_\_

### Section 4 - Emergency Contact if Parent or Guardian cannot be contacted

Name: <input type="text"/>	Home Phone: <input type="text"/>
Relationship to student: <input type="text"/>	Mobile Phone: <input type="text"/>
<input type="text"/>	Work Phone: <input type="text"/> Ext: <input type="text"/>

### Section 5 – Family Court Orders/GOM

Are there any current Court-sanctioned residency, parental responsibility or Contact orders relating to this student?

If yes, please attach a copy of the order. Yes  No

Are there any current Guardianship of the Minister (GOM) orders relating to this student?

If yes, please attach a copy of the order. Yes  No

### Section 6 - Relevant Medical Conditions

Does the student have a diagnosed medical condition which we should be aware of? Yes  No

If Yes, please specify:

If there is a Medical Plan, please attach a copy.

### Section 7 - Relevant Negotiated Education Plan

Does the student have a diagnosed learning difficulty which we should be aware of? Yes  No

If Yes, please specify:

If there is a Negotiated Education Plan, please attach a copy.

### Section 8 - Course Details (Refer to a School of Languages Enrolment Officer, phone 8301 4800)

Complete each section and tick as appropriate.

**Language enrolling in for 2017:**

(Language)

(Day)

**Teaching Centre:**

**Year Level of Course:** Year 11  Year 12

**Course Type: (tick one box from one section only)**

#### SACE:

- Beginners\*
- Continuers\*
- Background Speakers
- Australian Languages
- Language & Culture

#### International Baccalaureate:

- Ab Initio
- Language B

*\* Students enrolling in Beginners Arabic, Chinese, French, German, Indonesian, Italian, Japanese, Korean and Spanish courses and Continuers Chinese, Japanese and Vietnamese are required to complete an eligibility form. Enrolment is subject to eligibility. Eligibility forms are available from the School of Languages. Enrolment is subject to eligibility.*

**Eligibility form submitted with Enrolment form:** Yes  No  Not applicable

### Section 9 - Previous Language Studies

Has the student studied this Language previously? Yes  No

If yes, please indicate where:

School of Languages  (please tick)

Ethnic School

Mainstream School

Overseas

Other

(specify)

In which year(s) ?

Highest Year Level studied:

### Section 10 - Endorsement of Student's Day School

This day School/College endorses the enrolment of this student in the School of Languages for the language and level indicated.

*For Full Fee Paying Overseas Students – endorsement must be provided by the school's ISP Manager.*

Name:

Position:

Date:

## Section 11 – Subject Charge and Declaration

Please complete EITHER Column A OR B

<b>Column A – School Declaration</b> Please complete Column A if the student is studying the language as a part of their subject load (free line).	<b>Column B – Parent/Caregiver Declaration</b> Please complete Column B if the student is studying the language in addition to a full subject load (no free line).
<b>Subject Charge</b> The <b>SCHOOL</b> will be invoiced: SACE or IB student - \$120 Full Fee Paying Overseas student - \$780	<b>Extracurricular Charge</b> The <b>STUDENT/PARENT</b> will be invoiced: SACE or IB student - \$120 Full Fee Paying Overseas student - \$780
<b>School Declaration</b> To be completed by the Principal (or nominee) of the student's day School. I verify that this student is studying the language as part of a subject load in 2017 (the student has a free line at their school). I have read and understood the School of Languages enrolment information. I agree that my school is responsible for the payment of all charges.  Name: <input type="text"/>  Position: <input type="text"/>  Date: <input type="text"/>	<b>Parent/Caregiver Declaration</b> To be completed by: (please tick one only) <input type="checkbox"/> the parent/caregiver if the student is under the age of 18 <input type="checkbox"/> the student if they are under the age of 18 and living independently <input type="checkbox"/> the student if they are over the age of 18 I have read and understood the School of Languages enrolment information. I agree to pay the charge as defined by the School of Languages School Council to undertake the course of instruction, and that this charge is legally recoverable as a debt to the School of Languages School Council in the event of my non-payment of those charges.  I have read and accept the above statements Yes <input type="checkbox"/> No <input type="checkbox"/>  Name: <input type="text"/>  Date: <input type="text"/>

## Section 12 –Agreements and Consents

### Cyber-safety Use Agreement and Acceptable Use of ICT Equipment / Devices

I/We have read and understood the Cyber-safety Use Agreement and I am/we are aware of the importance of a cyber-safe learning environment. I/We have read and agree to the Acceptable Use of ICT Equipment /Devices.

Name of student:

*\*Not applicable for students living independently or students over 18*

Name of parent/caregiver: \*

### Permission to use image, video, voice, and/or creative work of students and children

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites). Students also publish their own materials on websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

I DO grant permission for DECD to create/use:

Yes  No

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name

I DO grant permission to distribute them in the following locations:

Yes  No

- printed publications (eg newsletters, promotional material)
- secure intranet websites
- publicly accessible websites, including social media accounts

*Any material placed on publicly accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), irrevocable, free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.*

I DO also grant permission for my child to be photographed/recorded and the child's full name to be used:

- by external media organisations for publication/broadcast
- for school photographs, both individually and in a group
- in the publication of the annual student information books

Please enter your name to confirm the above declaration:  
(parent/caregiver/student over 18)

Please note: These agreements will remain in force as long as you / your child is enrolled at this school. If it becomes necessary to add/amend any information or rule, you will be advised in writing. If you wish to change any of the consents please advise the school in writing.



Government of South Australia  
Department for Education and  
Child Development

Department for Education and Child Development  
T/A South Australian Government Schools  
CRICOS Provider Number: 00018A