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School Use Only

Form collected and checked by: _____ Date: _____

Student ID: _____

2018 Student Enrolment Form For R-10 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:

Is the student a Full Fee Paying Overseas Student? Yes No If YES, please contact the School of Languages for information regarding subject charges.

Name of Day School/College:

Year Level at Day School/College in 2018:

Has the enrolment been discussed with a School of Languages Enrolment Officer? Yes No N/A (Applicable only for Year 8-10 enrolments)

Is the student studying this language at his/her day school/college? Yes No If YES, a letter of approval signed by the 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: Roll Class:

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"/>
(Contact number for Absence SMS)	Email address: <input type="text"/>
Email address: <input type="text"/>	
(The majority of school communication will be via email or SMS)	

Section 3 – Addresses

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

Title and Name: Phone Number:

Address:

Suburb/Town: Student's Mobile Phone:

Postcode:

Student's School Email Address:

Residential Address (If different from above):

Title and Name: Phone Number:

Address:

Suburb/Town:

Postcode:

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

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

Name: Home Phone:

Relationship to student: Mobile Phone:

Work Phone: Ext:

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, if applicable, phone 8301 4800)

Please complete each section and tick as appropriate **Language enrolling in for 2018:**

(Language) (Day)

Teaching Centre:

Year Level of Course:

- | | | | |
|------------|--------------------------|---------|--------------------------|
| *Reception | <input type="checkbox"/> | Year 6 | <input type="checkbox"/> |
| Year 1 | <input type="checkbox"/> | Year 7 | <input type="checkbox"/> |
| Year 2 | <input type="checkbox"/> | Year 8 | <input type="checkbox"/> |
| Year 3 | <input type="checkbox"/> | Year 9 | <input type="checkbox"/> |
| Year 4 | <input type="checkbox"/> | Year 10 | <input type="checkbox"/> |
| Year 5 | <input type="checkbox"/> | | |

* Only students who turn 5 on or before 30th April are eligible to enrol.

Section 9 - Previous Language Studies

Has the student studied this Language previously? Yes No

If yes, please indicate where:

	<i>(please tick)</i>	<i>(specify)</i>
School of Languages	<input type="checkbox"/>	
Ethnic School	<input type="checkbox"/>	<input type="text"/>
Mainstream School	<input type="checkbox"/>	<input type="text"/>
Overseas	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

In which year(s) ? Highest Year Level studied:

Section 10 - Subject Charges

Years R-10 \$100

Full Fee Paying Overseas students – please contact the School of Languages for information concerning subject charges.

Section 11 - Enrolment Declaration and Signature

To be completed by the parent/caregiver.

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 No

Name of parent/caregiver:

Date:

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 conditions as set out in the Acceptable Use of ICT Equipment /Devices.

Name of student (Year 8-10 only):

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 Yes No

for school photographs, both individually and in a group Yes No

in the publication of the annual student information books Yes No

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

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