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School Use Only

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

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

## 2019 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,

Yes,

Australian Aboriginal

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? \_\_\_\_\_

Does the student speak a Language other than English at home?

No English only

Yes

Main Language: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

What is the student's cultural background? \_\_\_\_\_

Name of Day School/College: \_\_\_\_\_

Year Level at Day School/College in 2019: \_\_\_\_\_

Is the student a Full Fee Paying Overseas Student?

Yes

No

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

Name of sibling: \_\_\_\_\_

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

\_\_\_\_\_

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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"/>
<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 in Australia)

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 in Australia)  
For Full Fee Paying Overseas students: The contact details for the Agent in Australia or Parents overseas.

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"/>	
Email Address: <input type="text"/>	

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

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

**Section 5 - Court Orders/GoM**

Are there any current Court-sanctioned orders relating to this student?

If yes, please attach a copy of the order for school's records Yes  No

Is the student under Guardianship of the Minister for Education (GoM) or in Alternative Care?

If yes, please provide further details. 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 Health Care Plan, please attach a copy.

### Section 7 - Negotiated Education Plan (NEP)/ Individual Education Plan (IEP)/Individual Learning Plan (ILP)

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

If Yes, please specify:

If there is an Education/Learning 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 2019:**

(Language)  (Day)

Teaching Centre:

**Year Level of Course:**

\*Reception

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

Year 7

Year 8

Year 9

Year 10

\* Only students who turn 5 on or before 30<sup>th</sup> April are eligible to enrol.

### Section 9 - Previous Language Studies

Has the student studied this Language previously?

If yes, please indicate where: Yes  No

	(please tick)	(specify)
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 \$125**

**Full Fee Paying Overseas students** – please contact the School of Languages for information concerning subject charges. Fees are to be paid on enrolment

## 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:

### Day School Contact

I/We give permission for the School of Languages to obtain relevant Health Care Plans and Negotiated Education Plans from the day school of my child

Name of parent/caregiver:

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

The Department for Education 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, Department for Education website, Scootle™, iTunes™ or other online environments).

I DO grant permission for Department for Education to create/use: Yes  NO

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and the School of Languages name.

I DO grant permission to distribute them in the following locations: Yes  NO

- printed publications (eg newsletters, promotional material)
- secure intranet websites and 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 by external media organisations for publication/broadcast. Yes  No

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



Government of South Australia  
Department for Education

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.