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School Use Only  
Form collected and checked by:  Date:   
Student ID:

## 2019 Non-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,  Australian 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?

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:

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: <input type="text"/>

**Office use Only**

Subject Selection:  Enrolment Officer:  Date:

Teacher:  Schools Online:  SACE Coord:  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"/>	
Suburb/Town: <input type="text"/>	Student's Mobile Phone: <input type="text"/>
Postcode: <input type="text"/>	
Student's School Email Address: <input type="text"/>	

**Residential Address (if different from above)**  
For Full Fee Paying Overseas students. The contact details of the Parents overseas:

Title and Name: <input type="text"/>	Phone Number: <input type="text"/>
Address: <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"/>
Relationship to student: <input type="text"/>	Mobile Phone: <input type="text"/>
	Work Phone: <input type="text"/> Ext: <input type="text"/>

### Section 5 - Family Court Orders/Children and Young People in Care

Are there any current Court-sanctioned orders relating to this student? Yes  No   
If yes, please attach a copy of the order for the school's records.

Is the student under the Guardianship of the Chief Executive, DCP or in Alternative Care?  No   
If yes, please attach a copy of the order.

### Section 6 - 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 / Individual Education Plan / Individual Learning Plan

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, phone 8301 4800)

Complete each section and tick as appropriate.

#### Language enrolling in for 2019

(Language)

(Day)

Teaching Centre:

Year Level of Course: Year 11  Year 12

Length of course: Whole Year Semester One Semester Two

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 Chinese, French, German, Indonesian, Italian, Japanese, Korean and Spanish courses and Continuers Chinese, Japanese, Korean and Vietnamese are required to complete an eligibility form.  
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:

(please tick)

(specify)

School of Languages

Ethnic School

Mainstream School

Overseas

Other

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:

