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School Use On Form collected	ly I and checked by:	Date:
Student ID:		

## **2020 Government School Student Enrolment Form For Senior Secondary Courses**

	Se	ction 1 - St	tuder	nt Pers	onal Det	ails			
Family Name:									
Given Name:						]			
Preferred Name: (if different to given name)									
Date of Birth:									
Sex: M	ale 🗌	Female							
_	nal or Torres Strait Island inal and Torres Strait Islande	-	th 'Yes'	boxes.)					
	No 🗌	Yes,  Australian A	horigina	al.	Yes,	] rait Islander			
In which country was the	e student born?	Australian	DOTIGITIE		101163 30	ait islander			
Australia Other	– please specify								
If other, on what date did	I the student arrive in Au	stralia?							
Does the student speak a	Language other than Eng	glish at home?	No	, English	only		Yes		
Main Language:			C	Other Lar	nguage(s):				$\neg$
L	Γ								
What is the student's cul	tural background?	· · · · · · · · · · · · · · · · · · ·							
Name of Day School/Coll	ege:								
Year Level at Day School,	College in 2020:								
SACE Registration No. (if	known):								
Is the student an Interna Student?	tional Full Fee Paying	Yes	No		school bef	ore attendir	nis with the IS ng any classes Paying Studer	, and comp	
Has the student discusse School of Languages Enro		Yes	No				e School of La		
Has the student discusse his/her day school/colleg		Yes	No		(see Sectio	n 10) I	day school's e		
Is the language and level enrolling available at his,		Yes	No		Principal m	nust accomp	val signed by any this form	his/her day	school
Does the student have a School of Languages?	sibling studying at the	Yes	No		Name of si	bling:			
Office use Only							Date:		
Subject Selection:		Enrolment	: Officer	:			Roll Class:		
Teacher:		Schools O	nline:		SACE Coord:				

Section 2 - Parent 1/Guardian 1 (in Australia) (Enrolling Parent/Guardian)	Parent 2/Guardian 2 (in Australia)
Mr/Mrs/Ms/Other:	Mr/Mrs/Ms/Other:
Family Name:	Family Name:
Given Names:	Given Names:
Sex: Male Female	Sex: Male Female
Relationship to student:	Relationship to student:
Work Phone Number:	Work Phone Number:
Mobile Phone:	Mobile Phone:
(Contact number for Absence SMS)	Email address:
Email address:	
(All school communication, includ	ing term reports, will be via email or SMS)
Section 3 - Mailing Address (Of Parent/Guardian with whom student lives)	Addresses
Title and Name:	Phone Number:
Address:	
	Student's Mobile Phone:
Suburb/Town:	
Postcode:	
Student's School Email Address:	
Residential Address (if different from above)	
Title and Name:	Phone Number:
Address:	
Suburb/Town	
Postcode:	
Email Address:	
Section 4 - Emergency Contact if Pare	nt or Guardian cannot be contacted
Name:	Home Phone:
	Mobile Phone:
Relationship to student:	
	Work Phone: Ext:
Section 5 – Family Court Orders/C	Children and Young People in Care
Are there any current Court-sanctioned orders relating to this student please attach a copy of the order for the school's records.	? If yes, Yes No
Is the student under the Guardianship of the Chief Executive, DCP or in Alternative Care? If yes, please attach a copy of the order.	Yes No

Section 6 - Medical Conditions		
Does the student have a diagn If Yes, please specify:	osed medical condition w	hich we should be aware of? Yes No
If there is a Health Care Plan, please attach a copy.		
	ted Education Plan	/ Individual Education Plan / Individual Learning Plan
Does the student have a diagn If Yes, please specify:	osed learning difficulty wh	hich we should be aware of? Yes No
If there is an Education/Learning F please attach a copy.	Plan,	
Section 8 - C	<b>Course Details</b> (Refer	to a School of Languages Enrolment Officer, phone 8301 4800)
Complete each section and tick Language enrolling in for 2		
	(Language)	(Day)
Teaching Centre:		
Year Level of Course:	Year 11	☐ Year 12 ☐
Length of course:	Vhole Year Seme	ster One Semester Two
Course Type: (tick one box fi	rom one section only)	
SACE:		International Baccalaureate:
Beginners*		Ab Initio
Continuers*		Language B
Background Sp	eakers	* Students enrolling in Beginners Chinese, French, German, Indonesian,
Australian Lang	guages	Italian, Japanese, Korean and Spanish courses and Continuers Chinese,
Language & Cu	lture $\Box$	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 v	with Enrolment form:	Yes No Not applicable
	Section 9	9 - Previous Language Studies
Has the student studied this La	anguage previously?	Yes No N
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.		
Name:		
Position:		
Date:		

Section 11 – So	ubject Charge				
Subject Charge	Extracurricular Charge				
The <b>SCHOOL</b> will be invoiced: SACE or IB student - \$150	The <b>STUDENT/PARENT</b> will be invoiced: SACE or IB student - \$150				
•	arent/Caregiver Declaration				
Please complete EIT					
Column A – School Declaration  Please complete Column A if the student is studying the	Column B – Parent/Caregiver Declaration				
language as a part of their subject load (free line).	Please complete Column B if the student is studying the language in addition to a full subject load (no free line).				
School Declaration	Parent/Caregiver Declaration				
To be completed by the Principal (or nominee) of the student's day School.	To be completed by: (please tick one only)				
I verify that this student is studying the language as part of a subject load in 2020 (the student has a free line at their school).	the parent/caregiver if the student is under the age of 18 the student if they are under the age of 18 and living independently				
I have read and understood the School of Languages enrolment	the student if they are over the age of 18				
information.	I have read and understood the School of Languages enrolment				
I agree that my school is responsible for the payment of all charges.	information.				
have read and accept the above statements Yes No No	I agree to pay the charge as defined by the School of Languages School Council to undertake the course of instruction, and that this				
Name:	charge is legally recoverable as a debt to the School of Languages School Council in the event of my non-payment of those charges.				
Position:	I have read and accept the above statements Yes No				
	Name:				
Date:	Date:				
Section 13-Agreem	ents and Consents				
Cyber-safety Use Agreement and Acce					
I/We have read and understood the Cyber-safety Use Agreement and I environment. I/We have read and agree to the Acceptable Use of ICT E					
Day School	Contact				
I/We give permission for the School of Languages to obtain relevant He	alth Care Plans and Negotiated Education Plans from the day school				
of my child.  Name of Student over 18:	Name of parent/caregiver: (Not applicable for students living independently or students over 18)				
Permission to use image, video, voice, and/or creations					
The Department for Education develops teaching, learning and promoti websites). Students also publish their own materials on websites (eg scl or other online environments).					
I DO grant permission for Department for Education to create/use:					
<ul> <li>photographs, video or audio recordings of my child</li> <li>samples of my child's work</li> <li>my child's first name and the School of Languages name.</li> </ul>	Yes No				
I DO grant permission to distribute them in the following locations:					
<ul> <li>printed publications (eg newsletters, promotional material)</li> <li>secure intranet websites and publicly accessible websites, includi social media accounts.</li> </ul>	Yes No No				
Any material placed on publicly accessible websites under a CC-BY-NC licent irrevocable, free, worldwide, non-exclusive and allows for the replication, dis commercial purposes, provide	stribution, display, performance and remixing of copyrighted work for non-				
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/student over 18)					
Government of South Australia Please note: These ag	reements will remain in force as long as you / your child is enrolled at this				

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.