



255 Torrens Road,
West Croydon SA 5008
Telephone 08 8301 4800
Facsimile 08 8301 4801
dl.1802.admin@schools.sa.edu.au
www.schooloflanguages.sa.edu.au

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

2020 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 2020:

SACE Registration No. (if known):

Is the student an International Full Fee Paying Student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please discuss this with the ISP Manager in your day school before attending any classes, and complete the International Full fee Paying Student Enrolment form (purple)
Has the student discussed this enrolment with a School of Languages Enrolment Officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please contact the School of Languages
Has the student discussed this enrolment with his/her day school/college?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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 style="width: 100%;" type="text"/>	Mr/Mrs/Ms/Other: <input style="width: 100%;" type="text"/>
Family Name: <input style="width: 100%;" type="text"/>	Family Name: <input style="width: 100%;" type="text"/>
Given Names: <input style="width: 100%;" type="text"/>	Given Names: <input style="width: 100%;" type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to student: <input style="width: 100%;" type="text"/>	Relationship to student: <input style="width: 100%;" type="text"/>
Work Phone Number: <input style="width: 100%;" type="text"/>	Work Phone Number: <input style="width: 100%;" type="text"/>
Mobile Phone: <input style="width: 100%;" type="text"/>	Mobile Phone: <input style="width: 100%;" type="text"/>
(Contact number for Absence SMS)	Email address: <input style="width: 100%;" type="text"/>
Email address: <input style="width: 100%;" type="text"/>	
(All school communication, including term reports, will be via email or SMS)	

Section 3 - Addresses

Mailing Address (Of Parent/Guardian with whom student lives)	
Title and Name: <input style="width: 100%;" type="text"/>	Phone Number: <input style="width: 100%;" type="text"/>
Address: <input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	
Suburb/Town: <input style="width: 100%;" type="text"/>	Student's Mobile Phone: <input style="width: 100%;" type="text"/>
Postcode: <input style="width: 100%;" type="text"/>	
Student's School Email Address: <input style="width: 100%;" type="text"/>	

Residential Address (if different from above)	
Title and Name: <input style="width: 100%;" type="text"/>	Phone Number: <input style="width: 100%;" type="text"/>
Address <input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	
Suburb/Town <input style="width: 100%;" type="text"/>	
Postcode: <input style="width: 100%;" type="text"/>	
Email Address <input style="width: 100%;" type="text"/>	

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

Name: <input style="width: 100%;" type="text"/>	Home Phone: <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	Mobile Phone: <input style="width: 100%;" type="text"/>
Relationship to student: <input style="width: 100%;" type="text"/>	Work Phone: <input style="width: 100%;" type="text"/> Ext: <input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	

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

Are there any current Court-sanctioned orders relating to this student? If yes, please attach a copy of the order for the school's records.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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 2020

(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.

Name:

Position:

Date:

Section 11 – Subject Charge

Please complete whether the student is or is not studying the language as part of their subject load.

Subject Charge

The **STUDENT/PARENT** will be invoiced:

SACE student - \$150

IB student - \$2200

Section 12: Parent/Caregiver Declaration

To be completed by: (please tick one only)

- 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
- 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 Council in the event of my non-payment of those charges.

I have read and accept the above statements Yes No

Name:

Date:

Section 13 –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 over 18:

Name of parent/caregiver:

(Not applicable for students living independently or students over 18)

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 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 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 of 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 Yes No
by external media organisations for publication/broadcast.

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

