

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 Onl Form collected	y and checked by:	Date:	
Student ID:			

2024 Government School Student Enrolment Form For Senior Secondary Courses

*If you are an International Full Fee Paying Student please discuss this enrolment with the ISP Manager in your day school before attending any classes, and complete the International Full Fee Paying Student Enrolment form (purple) instead of this form.

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Section 1 - Student Personal Details								
Family Name:					7			
Given Name:								
Preferred Name: (if different to given name	ne)							
Date of Birth:			The	Department	for Educa	ition recogn	ire of studer ises the sens ents. The depa	sitivities of
Gender:	Male	Female	commit environ		nclusion, and all students.		ols provide ar n to provide	n inclusive additional
environment for all students. If you wish to provide additional information about this student's sex or gender identity, please attach both 'Yes' boxes.) environment for all students. If you wish to provide additional information about this student's sex or gender identity, please attach this to the form. The school will respond confidentially, inclusively and according to requests made in your comments.					• • • • • • • • • • • • • • • • • • • •			
	No Ye	,	Ye To	es, erres Strait Is	lander			
In which country was		ıstralian Aborigir	idi TC					
If other, on which dat	te did the student arrive in <i>i</i>	Australia?						
Does the student spe	ak a Language other than E	nglish at home	? No, English	only		Yes		
Main Language:			Other Lang	guage(s):				
What is the student's	cultural background?							
Name of Day School:								
Year Level at Day Sch	ool in 2024:							
SACE Registration No	. (if known):							
Has the student discu School of Languages I	ssed this enrolment with a Enrolment Officer?	Yes	No	If no, ple	ase contact th	ne School of L	anguages	
Has the student discutheir day school?	ssed this enrolment with	Yes	No	The day s (see Sect	school's endo ion 10)	rsement is red	quired	
Is the language and is enrolling available a	level for which the student at their day school?	t Yes	No		etter of appro must accomp		their day scho	ool
Does the student hav School of Languages?	e a sibling studying at the	Yes	No	Name of	Sibling:			
Office use Only						Date:		
Subject Selection:		Enrolmen	t Officer:			Roll Class:		
Teacher:		Schools C	Online:	SACE Coord	: 			

Section 2 - Parent 1/Guardian 1 (Enrolling Parent/Guardian)	Parent 2/Guardian 2		
Mr/Mrs/Ms/Other:	Mr/Mrs/Ms/Other:		
Family Name:	Family Name:		
Given Names:	Given Names:		
Gender: Male Female	Gender: 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:			
	ng term reports, will be via email or SMS)		
Mailing Address (Of Parent/Guardian with whom student lives)	- Addresses		
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:			
Email Address:			
Section 4 - Emergency Contact if Pare	ent or Guardian cannot be contacted		
Name:	Home Phone:		
	Mobile Phone:		
Relationship to student:			
	Work Phone: Ext:		
Section 5 – Family Court Orders/Children and Young People in Care			
Are there any current Court-sanctioned orders relating to this student attach a copy of the order for the school's records.	? If yes, please Yes No		
Is the student under the Guardianship of the Chief Executive, DCP or in If yes, please attach a copy of the order.	n Alternative Care? Yes No		

Does the student have a diagnosed medical condition which we should be aware of?			
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 there is an Education/Learning Plan, 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 2024: (Language) (Day) Teaching Centre: Year Level of Course: Stage 1 / Year 11 Stage 2 / Year 12 Length of course: Whole Year Semester One Semester Two Course Type: (tick one box from one section only) SACE: Beginners*			
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 2024: (Language)			
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Length of course: Whole Year Semester One Semester Two Course Type: (tick one box from one section only) SACE: Beginners* Continuers* Background Speakers Background Speakers Australian Languages * Students enrolling in Beginners Chinese, French, German, Indonesian, Italian, Japanese, Korean and Spanish courses and Continuers Chinese, Indonesian, 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 No Not applicable Section 9 - Previous Language Studies Has the student studied this Language previously? Yes No School of Languages (please tick) (specify) School of Languages Community Language School			
Course Type: (tick one box from one section only) SACE:			
Beginners*			
Beginners*			
Continuers*			
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School of Languages Community Language School			
Community Language School			
Mainstream School			
Overseas			
Other			
In which year(s) ? Highest Year Level studied:			
Section 10 - Endorsement of Student's Day School			
This day School endorses the enrolment of this student in the School of Languages for the language and level indicated.			
This day School endorses the enrolment of this student in the School of Languages for the language and level indicated. Name: Position:			

Section 11 – Subject Charge				
Subject Charge	Extracurricular Charge			
The SCHOOL will be invoiced: SACE or IB student - \$180	The STUDENT/PARENT will be invoiced: SACE or IB student - \$180			
	oicing Declaration			
Column A – School Declaration	EITHER Column A or B Column B – Parent/Carer Declaration			
Please complete Column A if the student is studying the	Please complete Column B if the student is studying the			
language as a part of their subject load (free line).	language in addition to a full subject load (no free line).			
To be completed by the Principal (or nominee) of the student's day School. I verify that this student is studying the language as part of a subject load in 2024 (the student has a free line at their school). I have read and understood the School of Languages enrolment information.	To be completed by: (please tick one only) the parent/carer the student, if living independently I have read and understood the School of Languages enrolment information.			
I agree that my school is responsible for the payment of all charges.	I agree to pay the charge as defined by the School of Languages Governing Council to undertake the course of instruction, and that			
Name:	this charge is legally recoverable as a debt to the School of Languages Governing Council in the event of my non-payment of those charges.			
Section 1	I have read and accept the above statements Yes No			
Position:	Name:			
Date:	Date:			
Section 12 Agree	monts and Consonts			
	ments and Consents of Information and Communication Technologies (ICT)			
I have read and understand the Cyber-Safety Use Agreement and I am/we are aware of the importance of a cyber-safe learning environment. I have read and agree to the conditions as set out in the Acceptable Use of ICT Equipment and Devices. Day School Contact I give permission for the School of Languages to liaise with the day school of my child with respect to sharing Health Care Plans, One Plans, Safety Plans, school reports and other relevant documents to support learning outcomes for my child. 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). (Please tick either DO or DO NOT for each)				
I DO / DO NOT grant permission for the Department for Educa	ation to create/use: DO DO NOT			
 photographs, video or audio recordings of my child samples of my child's work my child's first name and the School of Languages nar 	ne			
I DO / DO NOT grant permission to distribute them in the following locations: DO DO NOT				
 printed publications (eg newsletters, promotional mat secure intranet websites and publicly accessible webs 				
irrevocable, free, worldwide, non-exclusive and allows for the replication	ence will be available to download and use. This licence is perpetual (forever), , distribution, display, performance and remixing of copyrighted work for non-ided that the author is credited.			
I DO / DO NOT also grant permission for my child to be photo for publication/broadcast.	graphed/recorded by external media organisations DO DO NOT			
Name of parent/carer:				
Name of student if living independently:				
Government of South Australia Department for Education Please note: The permission	ons will continue until you /your child revoke permission in writing to the principal of the school.			