

2024 Non-Government School Student Enrolment Form

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.**

Section 1 Student Personal Details

Family Name:

Given Names:

Preferred Name:

(if different to given name)

Date of Birth:

Day	Month	Year
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Gender:

Male

☐

Female

☐

Is the student of Australian Aboriginal or Torres Strait Islander origin?
(For persons of both Australian Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.)

No

☐

Yes,

☐

Australian Aboriginal

Yes,

☐

Torres Strait Islander

Government regulations require the capture of students' gender. The Department for Education recognises the sensitivities of identifying sex and gender for some students. The department is committed to inclusion, and all schools provide an inclusive 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.

In which country was the student born?

Australia

☐

Other – please specify

If other, on which date did the student arrive in Australia?

Day	Month	Year
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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:

Year Level at Day School in 2024:

SACE Registration No. (if known):

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 their day school?

Yes

☐

No

☐

The day school's endorsement is required. (see Section 10)

Is the language and level for which the student is enrolling available at their day school?

Yes

☐

No

☐

If yes, a letter of approval signed by their day school Principal must accompany this form

Does the student have a sibling studying at the School of Languages?

Yes

☐

No

☐

Name of sibling:

Office use Only

Subject Selection:

Enrolment Officer:

Date:

Teacher:

Schools Online:

☐

SACE Coord:

☐

Roll Class:

Section 2 - Parent 1/Guardian 1 (Enrolling Parent/Guardian)	Parent 2/Guardian 2
Mr/Mrs/Ms/Other: <input style="width: 100px;" type="text"/>	Mr/Mrs/Ms/Other: <input style="width: 100px;" type="text"/>
Family Name: <input style="width: 300px;" type="text"/>	Family Name: <input style="width: 300px;" type="text"/>
Given Names: <input style="width: 300px;" type="text"/>	Given Names: <input style="width: 300px;" type="text"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to student: <input style="width: 250px;" type="text"/>	Relationship to student: <input style="width: 250px;" type="text"/>
Work Phone Number: <input style="width: 250px;" type="text"/>	Work Phone Number: <input style="width: 250px;" type="text"/>
Mobile Phone: <input style="width: 250px;" type="text"/>	Mobile Phone: <input style="width: 250px;" type="text"/>
(Contact number for Absence SMS)	Email address: <input style="width: 250px;" type="text"/>
Email address: <input style="width: 300px;" 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: 350px;" type="text"/>	Phone Number: <input style="width: 250px;" type="text"/>
Address: <input style="width: 350px;" type="text"/>	<input style="width: 250px;" type="text"/>
<input style="width: 350px;" type="text"/>	
Suburb/Town: <input style="width: 350px;" type="text"/>	Student's Mobile Phone: <input style="width: 250px;" type="text"/>
Postcode: <input style="width: 100px;" type="text"/>	<input style="width: 250px;" type="text"/>
Student's School Email Address: <input style="width: 600px;" type="text"/>	

Residential Address (If different from above)	
Title and Name: <input style="width: 350px;" type="text"/>	Phone Number: <input style="width: 250px;" type="text"/>
Address: <input style="width: 350px;" type="text"/>	<input style="width: 250px;" type="text"/>
<input style="width: 350px;" type="text"/>	
Suburb/Town: <input style="width: 350px;" type="text"/>	
Postcode: <input style="width: 100px;" type="text"/>	
Email Address: <input style="width: 350px;" type="text"/>	

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

Name: <input style="width: 350px;" type="text"/>	Home Phone: <input style="width: 150px;" type="text"/>
Relationship to student: <input style="width: 350px;" type="text"/>	Mobile Phone: <input style="width: 250px;" type="text"/>
<input style="width: 350px;" type="text"/>	Work Phone: <input style="width: 150px;" type="text"/> Ext: <input style="width: 50px;" 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 – One Child One Plan / Negotiated Education Plan / Individual Education Plan / Individual Learning Plan

Does the student have a recognised 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)

(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*

☐

Continuers*

☐

Background Speakers

☐

Australian Languages

☐

International Baccalaureate:

Ab Initio

☐

Language B

☐

** 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

☐

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

☐

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/College endorses the enrolment of this student in the School of Languages for the language and level indicated.

Name:

Signature:

Position:

Date:

Day

Month

Year

Section 11 – Subject Charge

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

SACE student - \$180

IB student - \$2,200

Section 12 - Invoicing Declaration

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 to pay the charge as defined by the School of Languages Governing Council to undertake the course of instruction, and that 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.

I have read and accept the above statements Yes No

Name:

Date:

Section 13 – Agreements and Consents

Bring Your Own Device (BYOD)/Cyber Safety/Use 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 Education 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 name

I **DO / DO NOT** grant permission to distribute them in the following locations: **DO** **DO NOT**

- 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 / DO NOT** also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast. **DO** **DO NOT**

Name of parent/carer:

Name of student, if living independently:

Please note:

The permissions will continue until you /your child revoke permission in writing to the principal of the school.



Government of South Australia
Department for Education