



Enrolment Form 2018

GERMAN LANGUAGE SCHOOL
TEMPLE SOCIETY AUSTRALIA

To attend our Campus location

ABN 35 439 044 725

- Bayswater, 51 Elizabeth St
- Bentleigh, 152 Tucker Rd

Student Details

Note: it is important that student details are **exactly the same** as those provided at the time of enrolment at the student's mainstream school.

Family name: _____

First name: _____ Middle name: _____

Date of birth: ____ / ____ / ____ Male Female

Home address: _____

Suburb: _____ Postcode: _____

Mainstream/Day School school name: _____

Address/Campus: _____

Year level in day school in 2018: _____

Is your child currently enrolled at another Community Language School or the Victorian School of Languages (VSL) to learn German?

Yes No

If Yes, which school or VSL centre? _____

Has your child ever been enrolled at another community language school to learn German?

Yes No

If Yes, which school? _____

Student Australian Residency Status

Australian citizen/Permanent resident Full-fee paying international student

Other If Other, please specify: _____

BENTLEIGH | BAYSWATER
Head Office: 152 Tucker Road, Bentleigh, VIC 3204

Medical Information

Does your child suffer from any medical condition? (e.g. asthma, epilepsy, allergies etc.)?
Is your child currently on any medication?

Yes No

If Yes, please provide additional information.

Please also provide an updated copy of your child's Asthma/Anaphylaxis Plan at the beginning of every school year.

The child must bring an EpiPen to class.

(For Office Use Only: Date received _____)

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, or on an excursion, or travelling to or from school, where it is impracticable to communicate with me, I consent to the school staff member in charge of my child, to administer first aid, and I authorize the staff member in charge of my child to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anesthetics, blood transfusions and/or operations. (Strike out if consent is not given for any of these procedures).

Signature of Parent/Guardian: _____ Date: ____/____/____

Second Parent/Guardian or Emergency contact (optional)

Name: _____ (Please print)

Relationship to student: _____

Contact telephone/mobile: _____

Email: _____

Court Orders / Access Restrictions

Are there any access restrictions or court orders that our school needs to be aware of in regard to this child?

Yes No

If yes, please ensure the school is as informed as deemed necessary.

(For Office Use Only: Date information received _____)

Privacy Collection Notice - Protecting your privacy and sharing information

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (DET) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond DET without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the DET's privacy policy at: <http://www.education.vic.gov.au/Pages/privacy.aspx>

PRIVACY CONSENT AND DECLARATION

I confirm that the information provided on this enrolment form is true and correct. I consent to:

- the collection of my child's health and personal information by the community language school;
- the community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;
- the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to disclose personal and health information to professional third parties in the event of a medical emergency.

Name of Parent/Guardian: (Please print) _____

Relationship to student: _____

Signature of Parent/Guardian: _____ Date: ____/____/____

Contact telephone/mobile: _____

Email: _____ (For German School communication)

The Sharing of Contact Details

I agree that my contact details – parent/guardian's name, contact phone and email address only – can be shared with families in my child's class

Yes No

Image Use Authorisation

I give permission for my child's image to be used in displays by the school (print or online). I understand that this may include newsletters, brochures, displays, pamphlets, handbooks and internet web pages.

Yes No

I give permission for my child's image to be used within the private German School intranet hub that can only be accessed by teachers, students and parents.

Yes No

Child's Name: _____

Parent/guardian signature _____ Date: ____/____/____

Language Details (Optional and only to be completed at first enrolment)

Tick all that apply.

My child has no or very little previous knowledge of German.

My child has been learning German at school.

Since when or for how long? _____

Where and at what level? _____

My child attended school in a German-speaking country or a German international school.

Please provide more information. _____

My child has regular contact with speakers of German or a German-speaking environment.

Please provide more information. _____

We speak German at home / in our family.

Most of the time / most members of the family

Mainly one parent or some members of the family

Other _____

My child has been to a German-speaking country.

Please provide more information. _____

My child is able to fully understand and follow instructions and understand explanations, such as on grammatical aspects, in a class that is entirely conducted in German.

What would you like your child to gain from attending our classes? / Any other information or comments

How did you hear about the *German Language School – Temple Society Australia*?
