



## STUDENT ENROLMENT FORM – 2018

### To attend our Campus location

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

### Student Details

Child's Surname: \_\_\_\_\_

Child's First name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Mainstream/Day School (to be attended by student in 2018):

Day School Campus/Address: \_\_\_\_\_

Year Level in day school in 2018:

- Is the student an **overseas full fee-paying student**? YES  NO
- Does the student hold a **temporary visa**? YES  NO
- Is the student currently enrolled in **another community language school** or the Victorian School of Languages (VSL)? YES  NO

If YES, please provide the name of the school or VSL Centre location:

\_\_\_\_\_

## Student Medical Details

Does your child suffer from Asthma?

Yes

No

If yes, please provide additional information

---

If your child has School Asthma Plan please provide an updated copy at the beginning of every school year.

(For Office Use Only: Date received \_\_\_\_\_)

Does your child have any Allergies? Yes

No

Is your child Anaphylactic Yes

No

If yes, please provide additional information

---

If your child is Anaphylactic an Anaphylaxis Plan must be received before your child can attend our Community Language School. The child must bring an Epipen to class.

(For Office Use Only: Date received \_\_\_\_\_)

**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 \_\_\_\_\_)

## 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, I authorize the staff member in charge of my child, where it is impracticable to communicate with me, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent/Guardian Declaration *I certify that the information provided is true and correct:*

Name of Parent/Guardian: \_\_\_\_\_  
(Please print)

Relationship to student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact telephone/mobile: \_\_\_\_\_

Email: \_\_\_\_\_ (For German School communication)

## ADDITIONAL OPTIONAL INFORMATION

### Second Parent / Guardian or Emergency contact

Name: \_\_\_\_\_ (Please print)

Relationship to student: \_\_\_\_\_

Contact telephone/mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### The Sharing of Contact Details

I agree that my contact details – parent/guardian’s name, child’s name, contact phone and email address only – can be shared with families in my child’s class    Yes                   No

### IMAGE USAGE AUTHORISATION

From time to time the school may make use of student photos in displays outside of school, eg. Newsletters and on the internet. We are also working toward having our own private German School internet hub – for teachers, students and families access only.

It is School Policy that only the first name of students is printed with student displays.

I give permission for my child’s image to be used in displays by the school. I understand that this may include brochures, displays, pamphlets, handbooks, internet web pages and videos.

Yes                   No

I give permission for my child’s image to be within the private German School internet hub that will only be accessed by teachers, students and parents.

Yes                   No

Child’s Name: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## LANGUAGE DETAILS

Language/s spoken at home to the child and by whom \_\_\_\_\_

---

---

Does the child speak or hear others speaking German away from the home? Please give details

---

---

List any links to Germany or the German Language \_\_\_\_\_

---

---

Has your child been to a German speaking country? If so, please give details \_\_\_\_\_

---

---

What would you like your child to gain from attending these classes? \_\_\_\_\_

---

---

If you wish to enrol your child for a *Muttersprachler* class, please describe the child's language proficiency in speaking, listening, reading and writing German.

---

---

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

---

---

Any additional information or comments \_\_\_\_\_

---

---

**Completed and signed documentation to be returned to the**

**German Language School – Temple Society Australia 152 Tucker Road Bentleigh Vic 3204**

**or email a copy to [germanschool@templesociety.org.au](mailto:germanschool@templesociety.org.au)**