



STUDENT ENROLMENT FORM – 2018

Senior German Tutorial Years 10 to 12 at Bentleigh, 152 Tucker Rd

This tutorial focuses on grammar, conversation, build-up of vocabulary and writing skills, to prepare students for, or assist them in, their VCE German Study. It is, however, not a formal, accredited VCE German course.

Student Details

Surname: _____

First name: _____ 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:

BENTLEIGH | BAYSWATER

Head Office: 152 Tucker Road, Bentleigh, VIC 3204

T: 03 9557 6713 | M: 0415 619 201 | E: germanschool@templesociety.org.au

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)*

28 weeks, 75 min lessons

fee: \$490.00 to be paid in advance and non-refundable

An invoice will be issued for all German School Fees.

All payments must be directed to the
German Language School - Temple Society Australia
152 Tucker Road
Bentleigh Vic 3204

1. The preferred payment option is by direct credit to our Commonwealth Bank account Temple Society Australia BSB: 063 126 Acct No: 1004 2614 Please reference payment with the Invoice number and students surname'. Preferably also forward an email to advise that payment has been made, how much and when.

2. Cash payments directly to the Temple Society Australia (TSA)
Office Bentleigh.

3. Cheques made payable to the Temple Society Australia can be forwarded to the TSA Office in person or by mail.

4. Credit card payments can be made by phone – 03 9557 6713 during normal office hours. Please provide your invoice number, students surname, Name on the credit card, Credit card number, Expiry date and how much you are paying and a contact phone number.

Enrolment is confirmed once payment is received.