



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**