



School Use Only	
Form collected and checked by:	Date:
<input type="text"/>	<input type="text"/>
Student ID:	<input type="text"/>

2014 Student Enrolment Form For R-10 Courses

This form **MUST** be completed in conjunction with “**Enrolment Information 2014**” or by referring to the website:
www.schooloflanguages.sa.edu.au

Section 1 - Student Personal Details

Family Name: Given Names: Preferred Name:

Date of Birth: Sex:

Is the student of Aboriginal or Torres Strait Islander Origin?
 (For persons of both Aboriginal and Torres Strait Islander Origin, select both "Yes" boxes)

In which country was the student born?

- Australia
- Other (Please specify)

If other, on what date did the student arrive in Australia:

Language Spoken at home:

Is the student a Full Fee Paying Overseas Student?

Yes No

If YES, please contact the School of Languages for information regarding subject changes.

Name of Day School/College in 2014:

Year Level at Day School/College in 2014:

Has the enrolment been discussed with a School of Languages Enrolment Officer?

Yes No

If NO, please contact the School of Languages.

Is the student studying this language at his/her day school/college?

Yes No

If YES, a letter of approval signed by the day school Principal must accompany this form.

Office use Only			
Course Code:	<input type="text"/>	Enrolment Officer:	<input type="text"/>
Teacher:	<input type="text"/>	Date:	<input type="text"/>
Invoice No:	<input type="text"/>	Date:	<input type="text"/>
		Roll Class:	<input type="text"/>
			<input type="text"/>
			<input type="text"/>

Section 2 - Parent/Guardian1 (in Australia)

Parent 2/Guardian 2 (in Australia)

Enrolling Parent/Guardian

Title: Family Name:

Title: Family Name:

Given Names:

Given Names:

Sex: Relationship to student:

Sex: Relationship to student:

Work Phone No: Mobile Phone No:

Work Phone No: Mobile Phone No:

E-mail Address:

E-mail Address:

Section 3 - Addresses

Mailing Address (of Parent/Guardian with whom student lives)

Title and Name:

Phone Number:

Address:

Suburb/Town:

Postcode:

Student's Mobile Phone:

Student's E-mail Address:

Residential Address (if different from above):

Title and Name:

Phone Number:

Address:

Suburb/Town:

Postcode:

If other addresses (B-Billing, H-Holiday) include them here:

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

Name:

Home Phone:

Mobile Phone:

Relationship to Student:

Work Phone:

Ext:

Section 5 - Family Court Orders

Are there any current Court-sanctioned residency, parental responsibility or Contact orders relating to this student:

Yes No

If yes, please attach a copy of the order.

Section 6 - Relevant 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 Medical plan, please attach a copy.

Section 7 - Relevant Negotiated Education Plan

Does the student have a diagnosed learning difficulty which we should be aware of?

Yes No

If yes, please specify:

If there is a Negotiated Education Plan, please attach a copy.

Section 8 - Course Details

(Refer to a School of Languages Enrolment Officer, phone 8301 4800)

Please complete each section and select as appropriate

Language enrolling in 2014:

Day:

Year Level of Course:

Primary	Secondary
*Reception	Year 8
Year 1	Year 9
Year 2	Year 10
Year 3	
Year 4	
Year 5	
Year 6	
Year 7	

*Only students who turn 5 on or before 30th April are eligible to enrol.

Section 9 - Teaching Centre

Please tick

- | | |
|---|--|
| <input type="checkbox"/> Alberton Primary School | <input type="checkbox"/> Roma Mitchell Secondary College |
| <input type="checkbox"/> Adelaide High School | <input type="checkbox"/> School of Languages |
| <input type="checkbox"/> Belair Primary School | <input type="checkbox"/> St John Bosco School |
| <input type="checkbox"/> Burnside Primary School | <input type="checkbox"/> Thomas More College |
| <input type="checkbox"/> Colonel Light Gardens Primary School | <input type="checkbox"/> Westminster School |
| <input type="checkbox"/> Fremont-Elizabeth City High School | <input type="checkbox"/> William Light R-12 School |
| <input type="checkbox"/> Glenunga International High School | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lockleys North Primary School | |
| <input type="checkbox"/> Our Lady of the Sacred Heart College | |

Section 10 - Previous Language Studies

Has the student studied this Language previously?

Yes No

If yes, please indicate where:

Specify school name:

- School of Languages
- Ethnic School
- Mainstream School
- Overseas
- Other

In which Year(s)?

Highest Level attained:

Section 11 - Subject Charges

Years R-7 \$50
Years 8-10 \$60

Full Fee paying Overseas students - please contact the School of Languages for information concerning subject charges.

Section 12 - Enrolment Declaration

To be completed by the parent/caregiver

I have read and understood the School of Languages enrolment and course requirements as outlined in "Enrolment information 2014", and provided correct information to the best of my knowledge. I confirm that I agree to pay the charge as defined by the School of Languages School Council to undertake the course instruction, and that this charge is legally recoverable as debt to the School of Languages School Council in the event of my non-payment of those charges.

I declare that the information in this application is true and correct.

I have read and accept the above statements.

Yes No

Please enter your name to confirm the above declaration.

Date:



Government of South Australia

Department for Education and
Child Development

Department for Education and Child Development
T/A South Australian Government Schools
CRICOS Provider Number: 00018A