

## CONFIDENTIAL NEW STUDENT ENROLMENT FORM 2010

This form is for new families with no children attending the school. If you already have children at the school then you will need to fill in a 2010 re-enrolment form instead and include any new children on that form.

### FAMILY DETAILS

#### Residential Details

Number & Street: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Main language spoken at home: \_\_\_\_\_

#### Guardian 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male  Female  Relationship to Student: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Tick to receive the regular newsletter and other information about the activities and programs of school via email

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Background in the German language and culture. Tick all that apply.

- Native German speaker
- Studied the German language
- German-speaking parent(s)
- Studied or worked in a German speaking country
- German / Austrian / Swiss ancestry
- None of the above

Tick if willing to actively participate in the activities of the school:

Areas of interest or skills: \_\_\_\_\_

Tick if primary emergency contact  Tick if secondary emergency contact

#### Guardian 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male  Female  Relationship to Student: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Details continued on the next page

Tick to receive the regular newsletter and other information about the activities and programs of school via email

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Background in the German language and culture. Tick all that apply.

- Native German speaker
- Studied the German language
- German speaking parent(s)
- Studied or worked in a German speaking country
- German / Austrian / Swiss ancestry
- None of the above

Tick if willing to actively participate in the activities of the school:

Areas of interest or skills: \_\_\_\_\_

Tick if primary emergency contact  Tick if secondary emergency contact

#### PERSONAL DETAILS – CHILD 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male  Female  Day School 2010 Year Level: \_\_\_\_\_

Day School LOTE Language 1: \_\_\_\_\_ Day School LOTE Language 2: \_\_\_\_\_

Tick if the child suffers from Asthma  If **Yes**, then please indicate any medication to be taken during asthma attacks:

Allergies: \_\_\_\_\_

Other medical information: \_\_\_\_\_

#### PERSONAL DETAILS – CHILD 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male  Female  Day School 2010 Year Level: \_\_\_\_\_

Day School LOTE Language 1: \_\_\_\_\_ Day School LOTE Language 2: \_\_\_\_\_

Tick if the child suffers from Asthma  If **Yes**, then please indicate any medication to be taken during asthma attacks:

Allergies: \_\_\_\_\_

Other medical information: \_\_\_\_\_

PERSONAL DETAILS – CHILD 3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male  Female  Day School 2010 Year Level: \_\_\_\_\_

Day School LOTE Language 1: \_\_\_\_\_ Day School LOTE Language 2: \_\_\_\_\_

Tick if the child suffers from Asthma  If **Yes**, then please indicate any medication to be taken during asthma attacks:

Allergies: \_\_\_\_\_

Other medical information: \_\_\_\_\_

PERSONAL DETAILS – CHILD 4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male  Female  Day School 2010 Year Level: \_\_\_\_\_

Day School LOTE Language 1: \_\_\_\_\_ Day School LOTE Language 2: \_\_\_\_\_

Tick if the child suffers from Asthma  If **Yes**, then please indicate any medication to be taken during asthma attacks:

Allergies: \_\_\_\_\_

Other medical information: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT INFORMATION (WHERE GUARDIAN 1 & 2 ARE NOT BOTH EMERGENCY CONTACTS)

**Primary Contact**

**Secondary Contact**

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

**Please turn over the form and continue filling out the required information**

## DECLARATIONS AND PERMISSIONS

### 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 authorise the Principal or teachers in charge of my child where it is impossible to communicate with me or a nominated Emergency Contact, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and/or operations. (Strike out if consent is not given for any of these procedures).

**Activity Restrictions** (please list any activities that your child is not to participate in):

\_\_\_\_\_

**Access Restrictions** (eg. contact/pick up restrictions due to court orders or similar)

\_\_\_\_\_

### Photo Permission

From time to time photos may be taken of the students during an activity or special event. Tick to give permission that photographs depicting my child/ren can be used by the German Saturday School as the school deems appropriate.

**Name of Parent/Guardian:**

\_\_\_\_\_

**Signature of Parent/Guardian:**

\_\_\_\_\_

**Date (dd/mm/yyyy):**

\_\_\_ / \_\_\_ / \_\_\_\_\_

### Privacy Statement

The information provided in this confidential enrolment form about students, parents/guardians or carers is collected to allow The German Saturday School Inc. to allocate staff and resources for students educational and support needs, to care for students while attending school and to communicate with parents / guardians or carers about the school's activities. All information is solely used for the purposes of The German Saturday School Inc. in accordance with its constitution, policies and guidelines. All information is kept strictly confidential and The German Saturday School Inc. will not disclose the information to others without your consent or as required by law.

It is the parent's / guardian's responsibility to ensure that any changes to the details provided in this form are communicated to the Principal.