

CONFIDENTIAL STUDENT ENROLMENT FORM for 2017

Residential Details

Street Address

Suburb Postcode

Languages spoken at home

German is spoken at home Always Usually Sometimes Never

Provide more comments, if necessary.

Guardian 1

First Name Last Name

In an emergency, this is the primary or secondary contact. Male Female

Telephone (Mobile) Relationship to Student

Telephone (Home) Telephone (Work)

Email All information about the activities of the school and the newsletter will only be sent via email.

Your German Level is Fluent Intermediate Beginner None

Optional: Are you employed by a German, Swiss or Austrian company? If yes, which one?
We might approach your employer with sponsorship opportunities, but not without your knowledge and consent.

Guardian 2

First Name Last Name

In an emergency, this is the primary or secondary contact. Male Female

Telephone (Mobile) Relationship to Student

Telephone (Home) Telephone (Work)

Email All information about the activities of the school and the newsletter will only be sent via email.

Your German Level is Fluent Intermediate Beginner None

Optional: Are you employed by a German, Swiss or Austrian company? If yes, which one?
We might approach your employer with sponsorship opportunities, but not without your knowledge and consent.

CONFIDENTIAL STUDENT ENROLMENT FORM

Child 1

First Name

Last Name

Preferred Name

Birthdate (dd/mm/yyyy)

Male Female

Is the child an asthma sufferer?

Yes No

Day School Name and Campus

If yes, what medication is to be taken during asthma attacks?

Day School/Kinder level

Does the child have special educational needs? Please specify.

Please list any allergies and other medical information.

Does s/he study German at day school? How often? Since when?

Parents must promptly provide a copy of the child's illness management plan.

Circle his/her German level: beginner, intermediate, advanced, fluent

Child 2

First Name

Last Name

Preferred Name

Birthdate (dd/mm/yyyy)

Male Female

Is the child an asthma sufferer?

Yes No

Day School Name and Campus

If yes, what medication is to be taken during asthma attacks?

Day School/Kinder level

Does the child have special educational needs? Please specify.

Please list any allergies and other medical information.

Does s/he study German at day school? How often? Since when?

Parents must promptly provide a copy of the child's illness management plan.

Circle his/her German level: beginner, intermediate, advanced, fluent

Child 3

First Name

Last Name

Preferred Name

Birthdate (dd/mm/yyyy)

Male Female

Is the child an asthma sufferer?

Yes No

Day School Name and Campus

If yes, what medication is to be taken during asthma attacks?

Day School/Kinder level

Does the child have special educational needs? Please specify.

Please list any allergies and other medical information.

Does s/he study German at day school? How often? Since when?

Parents must promptly provide a copy of the child's illness management plan.

Circle his/her German level: beginner, intermediate, advanced, fluent

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Additional Emergency Contact

First Name

Last Name

Telephone (Mobile)

Male Female

Telephone (Home)

Relationship to Student

Telephone (Work)

Additional Emergency Contact

First Name

Last Name

Telephone (Mobile)

Male Female

Telephone (Home)

Relationship to Student

Telephone (Work)

Declarations and Permissions

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 in which your child is not to participate)

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

Photo Permissions

From time to time photos may be taken of the students during an activity or special event. Do you give permission that photographs depicting your child/ren can be used by the The German Saturday School?

Yes No

Do you give permission that photographs depicting your child/ren can be posted by The German Saturday School on the school's Facebook page, <https://www.facebook.com/GermanSaturdaySchoolMelbourne?>

Yes No

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.