



THE SCHOOL FOR THE GERMAN LANGUAGE INC.
 SCHULE DER DEUTSCHEN SPRACHE e.V.

THIS DOCUMENT IS REQUIRED BY THE SCHOOL EACH YEAR TO COMPLY WITH OUR SCHOOL REGISTRATION CONDITIONS. PLEASE RETURN WITHIN 2 WEEKS OF ENROLMENT TO YOUR OLDEST CHILD'S TEACHER.

FAMILY (PARENT/CAREGIVER) DETAILS

SURNAME _____ GIVEN NAME(S) _____

SURNAME _____ GIVEN NAME(S) _____

HOME ADDRESS _____

STATE _____ POSTCODE _____

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE) _____

STATE _____ POSTCODE _____

TELEPHONE (HOME) _____ TELEPHONE (WORK) _____

EMAIL _____

LANGUAGE/S SPOKEN AT HOME _____

IN CASE OF EMERGENCY, THE SCHOOL SHOULD CONTACT _____

TELEPHONE (MOBILE) _____ TELEPHONE (HOME) _____ TELEPHONE (WORK) _____

I give permission for the School for the German Language or the Ethnic Schools Board to use my child's image for non profit promotional purposes . YES NO
 (If boxes are not marked, it will be assumed yes)

I certify that this is the only ethnic school the student/s attend/s to learn German and I declare that to the best of my knowledge the information as stated above, on the reverse and/or attached is correct.

SIGNATURE OF PARENT/CAREGIVER _____

NAME OF ENROLLING PARENT/CAREGIVER _____ DATE / /

(PLEASE PRINT)

PLEASE NOTE School year enrolment fees are \$250.00 for the first child, \$150.00 for the second and \$100.00 for each subsequent child enrolled. **A 10% discount will apply to fees paid by 27th February 2010 or within 2 weeks of subsequent enrolment.** One off enrolments and specific term fees do apply if required. Please refer to the Principal to discuss any special circumstances. The School may not be able to accept students who require extensive support. Ambulance and medical costs if applicable remain the responsibility of the parent/guardian.

MAKE PAYMENTS* BY DIRECT TRANSFER. PLEASE ENSURE YOUR SURNAME APPEARS AS A REFERENCE IN THE DEPOSIT.

OUR ACCOUNT DETAILS ARE:

BANK WESTPAC ADELAIDE
BSB 735-000
ACCOUNT 070989
NAME SCHOOL FOR THE GERMAN LANGUAGE INC

* Please e-mail treasurer@germanschool.org.au to advise of your remittance



THE SCHOOL FOR THE GERMAN LANGUAGE INC.
 SCHULE DER DEUTSCHEN SPRACHE e.V.

STUDENT DETAILS

1. SURNAME _____ **GIVEN NAME(S)** _____

PLACE OF BIRTH _____ **DATE OF BIRTH** / / **SEX** MALE FEMALE

MAINSTREAM SCHOOL (SCHOOL ATTENDED ON WEEK DAYS) _____

ADDRESS (SUBURB) _____

STUDENT'S YEAR LEVEL AT MAINSTREAM SCHOOL **CLASS TEACHER'S NAME** _____

Is there any Medical Information the School should be aware of relating to this student ? YES NO

If YES please attach information as required including details of any medication needed to be taken at school, any medical condition which might need first aid and health care plan if applicable.

Are there any current court orders relating to this student ? YES NO

If YES please attach a copy of the order for the School's records and ensure the School is immediately informed if circumstances change.

2. SURNAME _____ **GIVEN NAME(S)** _____

PLACE OF BIRTH _____ **DATE OF BIRTH** / / **SEX** MALE FEMALE

MAINSTREAM SCHOOL (SCHOOL ATTENDED ON WEEK DAYS) _____

ADDRESS (SUBURB) _____

STUDENT'S YEAR LEVEL AT MAINSTREAM SCHOOL **CLASS TEACHER'S NAME** _____

Is there any Medical Information the School should be aware of relating to this student ? YES NO

If YES please attach information as required including details of any medication needed to be taken at school, any medical condition which might need first aid and health care plan if applicable.

Are there any current court orders relating to this student ? YES NO

If YES please attach a copy of the order for the School's records and ensure the School is immediately informed if circumstances change.

3. SURNAME _____ **GIVEN NAME(S)** _____

PLACE OF BIRTH _____ **DATE OF BIRTH** / / **SEX** MALE FEMALE

MAINSTREAM SCHOOL (SCHOOL ATTENDED ON WEEK DAYS) _____

ADDRESS (SUBURB) _____

STUDENT'S YEAR LEVEL AT MAINSTREAM SCHOOL **CLASS TEACHER'S NAME** _____

Is there any Medical Information the School should be aware of relating to this student ? YES NO

If YES please attach information as required including details of any medication needed to be taken at school, any medical condition which might need first aid and health care plan if applicable.

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