



STUDENT ENROLMENT FORM 2009

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

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 Fees are \$200.00 for the first child, \$100.00 for the second child and \$50.00 for each subsequent child from the same family enrolled. Year 12 students not previously enrolled must pay \$500.00 for the year. Please see the Principal to discuss any special circumstances that may apply. 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.

YOU CAN NOW 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



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

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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** _____

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