# Student Enrolment Form 2020

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| **Student Details** |
| **Surname:** |  | **Given Name:** |  |
| **Middle Name:** |  | **Place of Birth** |  |
| **Date of Birth** |  \_\_\_\_/\_\_\_\_ /\_\_\_\_ | **Age** |  | **Gender** |  |
| **Home address** |  |
| **Suburb** |  | **State** | SA | **Postcode** |  |
| **Postal Address** |  |
| **Home Phone** |  | **Work Phone** |  | **Mobile Phone** |  |
| **Email** |  |
| **Language/s spoken at home** |  |
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| **\*\*\*2020\*\*\* Mainstream School Details** **(Mainstream school is the school attended on weekdays)** |
| **School Name** |  | **Suburb** |  |
| **School Address** |  |
| **Student’s Year level** |  | **Is this student an overseas full-fee paying student?** | Yes | No |
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| **Parent Details** |
| Parent 1 |
| **Mr/Mrs/Miss/Other** |  | **Name** |  |
| **Relationship to Student** |  | **Gender** |  |
| **Home Phone** |  | **Mobile Phone** |  |
| **Work Phone** |  | **Email** |  |
| **Home Address** |  |
| **Suburb** |  | SA | **Postcode** |  |
|  |  |
| **Parent Details** |
| Parent 2 |
| **Mr/Mrs/Miss/Other** |  | **Name** |  |
| **Relationship to Student** |  | **Gender** |  |
| **Home Phone** |  | **Mobile Phone** |  |
| **Work Phone** |  | **Email** |  |
| **Home Address** |  |
| **Suburb** |  | SA | **Postcode** |  |
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| **Emergency Contacts**If parents or guardians cannot be contacted or unable to collect students, the School should contact: |
| **Person 1: Name** |  | **Home Phone** |  |
| **Mobile Phone** |  | **Work Phone** |  |
| **Person 2: Name** |  | **Home Phone** |  |
| **Mobile Phone** |  | **Work Phone** |  |
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| **Medical Information**  |
| **Does your child have a diagnosed medical condition which might need first aid? *Please circle***  |
| **Severe allergies** | **Anaphylaxis** | **Food Intolerance** | **Asthma** | **Joint Condition** | **Heart Condition** |
| **Seizures/Epilepsy** | **Diabetes** | **Visual Impairment** | **Hearing Impairment** | **Other:** |
| ***For any condition a separate Medical Management Form is required*. Does your child need extra routine health support?** (e.g. support with medication management, continence care, psychiatric issues)  | Yes | No |
| **Family Court Orders** |
| **Are there any current Court orders relating to this student?** *If yes, please attach a copy of the order for the school’s records.* **If circumstances change, please inform the school immediately.** | Yes | No |
| **Details:** |
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| **Declaration and Consent – please circle Yes or No for each statement.** |
| I/we agree to delegate my/our authority to supervising ethnic school staff. Such supervising staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually. | Yes | No |
| In the event of an accident or illness and contact with me/us being impracticable or impossible, I/we authorise ethnic school staff to arrange whatever medical or surgical treatment a registered medical or dental practitioner, hospital or ambulance service (including transport to a hospital) considers necessary. I/we will pay all ambulance, medical and dental expenses incurred on behalf of my/our child. | Yes | No |
| I/we consent to the staff administering medication if so requested by me/we in writing using the appropriate medication authority form (I/we recognise all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner; from its original container; bearing the original label with the name of the child to whom the medication is to be administered; and before its expiry or use by date. I/we understand that such medication should be administered in accordance with any instructions attached to the medication or written instructions provided by a registered medical practitioner using a medical management form). | Yes | No |
| I/we agree to notify the school as soon as possible if my child will be absent. | Yes | No |
| I/we agree to give two weeks written notice to withdraw my child from the school. | Yes | No |
| There are times when children may be ***photographed*** or ***filmed*:** e.g. special events, newspaper articles, television news items**. I/we give permission for my/our child to be filmed or photographed and for photos to be used for non-profit promotional purposes.** | Yes | No |
| I/we consent to my child’s name in the school newsletter/website for an undefined period of time | Yes | No |
| From time to time teachers will take classes on **short local walks** as part of the school’s educational program. These walks will take place at any time during the year. It is understood that in extreme heat or inclement weather conditions, such walks would not take place. **I/we give consent for my/our child to go on short local walks**. Note - excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving transport and/or a financial cost, a separate notice will be provided and separate consent forms collected. | Yes | No |
| I/we give consent for my/our child to participate in any **incursions** the school may organise, where people share their skills, knowledge, experiences etc. with my/our child. | Yes | No |
| **I certify that this school is the only Ethnic School my child attends.****Or** *(if applicable)* my child is also enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
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| I declare that to the best of my knowledge the information contained in this form as stated above is correct.*By signing below, you declare that you have been made aware of and will abide by the policies of the school. You also declare that the information provided by you in this enrolment form is true and correct and that you will inform the school of any changes to this information as it occurs.* *School policies are available for viewing or download at:* <https://www.esasa.asn.au/school-information/policies-for-ethnic-schools/> |
| **Signature of Parent 1** |  | **Date** |  |
| **Signature of Parent 2** *(not compulsory)* |  | **Date** |  |
| **Name of Person Enrolling the student**(Please Print) |  |
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| Privacy DisclaimerThe school acknowledges and respects the privacy of its community. The information that is being collect by the school is to process your enrolment. By completing this form, you have consented to this information being collected. The intended recipients of this information are the school, The Ethnic Schools Association of South Australia Inc. and for interaction with the Government of South Australia who provide funding to ethnic schools. The information collected will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the Privacy Act. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the school’s record management policy. The contact information of students will be shared publicly only when the express permission is given to the Ethnic Schools Association of South Australia to do so or under mandatory reporting requirements. |