



Student Enrolment Form 2019

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 spoken at home								

2019 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		

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			

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			

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:		

Declaration and Consent

By signing below, you declare that you have been made aware 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 they occur. Consent is given by circling YES to each statement.

I/we consent to the staff at this school seeking or where appropriate administering any first aid or medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I/we will reimburse any expense incurred by the school should this happen.	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 - major excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving financial cost a separate notice will be given 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 is the only Ethnic School my child attends	Yes	No
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Or (if applicable) my child is also enrolled at _____

I declare that to the best of my knowledge the information contained in this form as state above is correct.

Signature of Parent 1		Date	
Signature of Parent 2 (not compulsory)		Date	
Name of Person Enrolling the student (Please Print)			

Please note: The ethnic school may not be able to accept students who require extensive support without your assistance. Ambulance and medical costs, if applicable, remain the responsibility of the parent/guardian.

Privacy Disclaimer

The 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.