

2021 student enrolment application form

Please complete all sections and email the form to Saturdaycl-h.school@det.nsw.edu.au

Office use	only		
Approved:		Comments:	
Date:			

Student details			
First given name:			
Second given name:			
Family name:			
Preferred name:			
Student's mobile:	Date of birth:///		
Student's gender: Male Female	Other		
Student's school email:			
Alternative student's email:			
Student's school year in 2021: 🛛 Year 7 🔅 Year 8	🗆 Year 9 🗆 Year 10 🗆 Year 11 🗆 Year 12		
ERN number:	NESA number:		

School details

School name:			
School email:			
Saturday School Coordinator	name: _		
Saturday School Coordinator	email: _		
Student is a boarder: Yes		No	If yes, please provide the following information:
Boarding director name:			
Boarding director email:			

Cou	rse details						
Lang	uage requested:						
lf the	student is applying f	or Ye	ar 11 or 12 Chinese or Ko	orear	n, please specify the cou	ırse:	
	Language] in Context		[Language] and Lite	ratu	re		
lf the	student is in Year 11 o	or 12,	please provide the follo	owin	g information:		
Does	this course count towa	ards t	he minimum number of	unit	s studied in 2021:	ΩY	es 🗆 No
Pleas	e select a Saturday Se	choo	l centre:				
Centr	es offer a variety of dif	feren	t languages. Please refer	to o	ur website to find out wh	nich d	centres offer the
reaue	ested language. Stude	nts m	nust study at the centre o	close	st to their home which c	offers	the requested course.
	Arthur Phillip		Ashfield Boys		Bankstown Girls		Birrong Boys
	Birrong Girls		Chatswood		Kogarah		Liverpool Boys
	Liverpool Girls		Merewether		NSW School of Langua	ges (Petersham)
	Smith's Hill		Strathfield Girls		The Hills Sports		

Appendices

If applying late (after 20 February 2021), please attach:	Appendix 1
If applying for Chinese or Korean in Context, please attach:	Appendix 2
If applying for a Year 12 course, please attach:	Appendix 3

Connection to language

Is the requested language spoken at home: 🛛 Yes 🖓 Sometimes 🗆 No					
Previous study/ knowledge of the language: 🛛 Primary School 🗅 High School 🗅 Community school					
If the language was spoken overseas, in which country:					
If the language is not spoken at home, what connection do you have with the language?					

Parent/ carer 1 details						
Title:	Mr 🛛 Mrs 🗆 Ms 🗆 Miss 🗆 Dr					
Given names:	en names:					
Family name:						
Gender:	Male Female Other					
Relation to student:						
Is this person the prim	ary contact: 🛛 Yes 🗆 No					
Is this person the eme	rgency contact on Saturday: 🛛 Yes 🗆 No					
Street address:						
Suburb:	Suburb: Postcode					
Student resides at this address: 🛛 Yes 🖓 Sometimes 🖓 No						
Home phone: Mobile phone:						
Email address:						

Parent/ carer 2 d	Parent/ carer 2 details					
Title:	Mr 🗆 Mrs 🗆 Ms 🗆 Miss 🗆 Dr					
Given names:	Given names:					
Family name:						
Gender:	Male Female Other					
Relation to student:						
Is this person the prim	ary contact: 🛛 Yes 🗆 No					
Is this person the eme	rgency contact on Saturday: 🛛 Yes 🗆 No					
Street address:						
Suburb:	Suburb: Postcode					
Student resides at this address: 🛛 Yes 🗆 Sometimes 🗆 No						
Home phone: Mobile phone:						
Email address:						

Medical details and learning support								
Allergies and anaphylaxis (including i	inse	ct sti	ngs, dru	ugs, late	x, food or	r other)		
Student has an allergy:			Yes		No			
If yes, please specify:								
Is this a severe allergy (anaphylaxis):			Yes		No			
Anaphylaxis is a severe, potentially life	e-thr	reate	ning, al	lergic re	action.			
Student has been prescribed an EpiPen:			Yes		No			
Student has an ASCIA Action Plan:			Yes		No	If ye	s, please a	attach a copy.
A sthese s								
Asthma								
Student has asthma			Yes		No			
Student carries an inhaler			Yes		No			
Student has an ASTHMA Action Plan:			Yes		No	If ye	s, please a	attach a copy.
Medical conditions other than allergi	ies.	anan	hylaxis	and as	thma			
Please indicate if the student has any o		-	-					
			-			_		
Autism		A pr	nysical c	disability	/			earing impairment
Diabetes		Epil	epsy				Behavio	ur disorder
Difficulties in learning		Acq	uired bi	rain inju	ry		Mental h	nealth disorder
Other (please specify)								
If required, please provide further deta	ils o	fthe	student	t's medi	cal condi	ition and a	attach He	alth Care Plan:
Student accesses disability provisions a	and	or le	earning	support	at schoo	ol:	Yes	No
If yes, please attach a copy of their in	ndiv	idua	l Disabi	lity Pro	visions a	nd/ or Le	arning Su	ıpport Plan.
Student requires disability provisions a	and/	or le	arning s	support	on Satur	day:	Yes	No
If yes, please indicate any learning adju	ustm	nents	s require	ed to allo	ow the st	udent to p	oarticipate	e at school:

Residency status				
Residency status: 🛛 Australian citizen 🖾 Permanent resident 🖾 Temporary visa holder				
If the student is a permanent or temporary visa holder, please provide the following information:				
Current visa sub-class: Visa expiry date://				
Fee-paying international student: 🛛 Yes 🔅 No				
If the student was born overseas, please provide the following information:				
Country of birth: Year arrived in Australia:				
Attach documents: 🛛 Passport 🗆 Visa 🖾 ImmiCard				
Application will NOT be accepted for permanent/ temporary residents without above attached documents.				

Permission to publish

The school would like to publish information, including photos and videos, of the student for the purposes of sharing their experience and informing the broader community, in communications including but not limited to the school newsletter and school social media accounts. This permission remains effective until the school is advised otherwise. Further information can be found on the NSW Department of Education website.

I have read the above information and:

□ Yes, I give permission to publish □ No, I do not give permission to publish

Conditions of enrolment

- Students must attend classes on time each Saturday, complete all homework tasks and actively engage in the course to meet NESA requirements.
- All students are required to complete relevant assessment tasks in line with NESA requirements and the Assessment Policies of the Saturday School of Community Languages.
- Students may be required to purchase learning materials.
- I give permission for my child's email to be used by the Saturday School of Community Languages to send information or work that is directly related to their language studies.
- I give permission for my child to use online learning technology to engage in their language study.
- I understand as a parent/ carer that as a condition of my child's enrolment I will follow the Parent/Carer and Visitor Code of Conduct which can be found on the school website.

I understand and accept the above conditions of enrolment.						
Student name:	Signature:					
Parent/ carer name:	Signature:					

School declaration

T 7814 2115E Saturdaycl-h.school@det.nsw.edu.au

- The language requested is the student's background community language.
- This language will not be taught at the weekday school in 2021 in the year group and course requested.
- The weekday school accepts responsibility for entering the student with NESA as a candidate for the 100 hours or 200 hours course, Preliminary or Higher School Certificates course, using the online entry codes for the centre where the student is enrolled.
- The weekday school will notify the Saturday School of Community Languages of any student history or any arising circumstances known to them which may pose a risk of any type to the student, other students, or staff at the school, <u>including any severe allergies</u>, <u>medical conditions</u>, <u>behavioural conditions</u>, history of violence, or wellbeing concerns.
- The weekday school will provide a Saturday School Coordinator who will:
 - Be contactable during the week by email
 - Respond to enquiries and provide advice regarding the student
 - Regularly follow up students on the school's LMS 'Millennium'
 - Follow up any concerns raised by the student's centre executive
- The weekday school guarantees that, to the best of their knowledge, the information contained in this application is accurate, and any changes will be promptly communicated to the Saturday School.

I understand and accept the above conditions of enrolment.

Saturday School Coordinator signature:				
Principal name:				
Principal signature:				
School stamp:				
Date signed:	//			

Submitting this enrolment form

The student's weekday school is responsible for emailing this form, and any required appendices and supporting documentation, to the Saturday School of Community Languages. The form should be sent as a single PDF with the student's full name as the file title. Only PDF documents sent from a school or teacher email address will be processed. If sending a form directly from a scanner, please include an email subject with the student's full name.

Email forms to: Saturdaycl-h.school@det.nsw.edu.au

Checklist for submitting this enrolment form

Attention: Saturday School Coordinator

The Saturday School Coordinator at the student's weekday school is responsible for ensuring that the following has been completed. Please note that enrolment forms that are incomplete, illegible, or incorrectly filled will be returned to the weekday school. In these cases, the student's enrolment will not progress until an amended form has been received by the Saturday School of Community Languages.

- ALL sections of this form have been completed correctly and legibly, including signatures.
- The student has supplied correct details for at least one emergency contact (page 3).
- Residential status documents (including Passport and Visa and/ or ImmiCard) for permanent/ temporary residents have been attached.
- Required appendices/ supporting documentation (page 2) have been completed and attached.
- Coloured copies of Student Plans (including ASCIA Action Plans, ASTHMA Action Plans, Medical Plans and Learning Support Plans) have been attached where necessary.
- The weekday school principal has read, signed and stamped the school declaration (page 6).