

Student enrolment application form

Please complete ALL sections and email the form to SCLanguages.School@det.nsw.edu.au

Office use only

Approved: _____ Comments: _____

Date: _____

Student details

First given name: _____

Other given names: _____

Family name: _____

Preferred name: _____

ERN number: _____ NESA number: _____

Student school email: _____

Alternative email: _____

Student mobile: _____ Date of birth: ____/____/____

Student gender: Male Female Other

2022 student grade: Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

School details

School name: _____

School email: _____

School SCL coordinator name: _____

School SCL coordinator email: _____

Student is a boarder: Yes No **If yes, please provide the following information:**

Boarding director name: _____

Boarding director email: _____

Course details

Language requested: _____

If the student is applying for Year 11 or 12 Chinese or Korean, please specify which course:

Refer to the eligibility criteria for Stage 6 language courses on the NESA website.

[Language] in Context [Language] and Literature

If the student is in Year 11 or 12, please provide the following information:

Does this course count towards your minimum number of units studied in 2022: Yes No

Secondary College of Languages campus

Please indicate which campus the student will attend. Note, each campus offers a different selection of language courses. Students must study at the campus which offers the requested course, closest to their home.

Arthur Phillip Ashfield Boys Bankstown Girls Birrong Boys

Birrong Girls Chatswood Kogarah Liverpool Boys

Liverpool Girls Merewether NSW School of Languages (Petersham)

Smith's Hill Strathfield Girls The Hills Sports

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, which country: _____

If the language is not spoken at home, what connection do you have with the language?

Permission to publish

The College 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 College newsletter and social media accounts. This permission remains effective until the College is advised otherwise.

I have read the above information and:

Yes, I give permission to publish No, I do NOT give permission to publish

Parent/carer 1 details

Title: Mr Mrs Ms Miss Dr

Given names: _____

Family name: _____

Gender: Male Female Other

Relation to student: _____

Is this person the primary contact: Yes No

Is this person the emergency contact on Saturday: Yes No

Street address: _____

Suburb: _____ Postcode _____

Does the student reside at this address: Yes Sometimes No

Mobile phone: _____ Home phone: _____

Email address: _____

Parent/carer 2 details

Title: Mr Mrs Ms Miss Dr

Given names: _____

Family name: _____

Gender: Male Female Other

Relation to student: _____

Is this person the primary contact: Yes No

Is this person the emergency contact on Saturday: Yes No

Street address: _____

Suburb: _____ Postcode _____

Does the student reside at this address: Yes Sometimes No

Mobile phone: _____ Home phone: _____

Email address: _____

Medical details and student support

Allergies and anaphylaxis (including insect stings, drugs, latex, food or other)

Student has an allergy: Yes No

If yes, please specify: _____

Is this a severe allergy (anaphylaxis): Yes No

Student has been prescribed an EpiPen: Yes No

Student has an ASCIA Action Plan: Yes No **If yes, please attach a copy.**

Asthma

Student has asthma Yes No

Student carries an inhaler Yes No

Student has an ASTHMA Action Plan: Yes No **If yes, please attach a copy.**

Medical conditions other than allergies, anaphylaxis and asthma

Please tick if the student has any of the following:

Autism Physical disability Vision/hearing impairment

Diabetes Epilepsy Behaviour disorder

Difficulties in learning Acquired brain injury Mental health disorder

Other (please specify) _____

If required, please provide further details of the student's medical condition:

Behaviour and risk assessment

Is there anything in the student's history or circumstances (including medical history not listed above) which might pose a risk of any type to this student, other students, or staff at this school?

Yes No

If yes, please provide details:

Medical details and student support (continued)

Student support plans

Please indicate whether the student has any of the following in place at their school:

Learning Support Plan: Yes No

Behaviour Support Plan: Yes No

Individual Health Care Plan: Yes No

Disability provisions: Yes No

If yes to any of the above, please attach a copy of their plan to this application. Applications will NOT be accepted without relevant plans attached.

Special circumstances

If there are any special circumstances about the student that the Secondary College of Languages should be made aware of, please provide details:

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 residents or temporary visa holders without at least TWO of the above documents attached.

Appendices

If applying late (after 25 February 2022) 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

Student declaration

Conditions of enrolment

- The student must attend classes on time each Saturday, complete all homework tasks and actively engage in the course to meet NESAs requirements.
- The student must complete relevant assessment tasks in line with NESAs requirements and the assessment policies of the Secondary College of Languages.
- The student may be required to purchase learning materials, such as a dictionary.
- The student may be required to use online learning technology to engage in their language study.
- The student and parent/carer's emails will be used by the Secondary College of Languages to send information or work that is directly related to the College and the student's language studies.
- Parents/carers must follow the Parent/Carer and Visitor Code of Conduct which can be found on the College website.

I understand and accept the above conditions of enrolment.

Student name: _____ Signature: _____

Parent/carer name: _____ Signature: _____

After signing and completing all above sections of this form, please hand the application to the student's weekday school, along with any appendices and supporting documentation. The school is responsible for completing the remaining information and submitting the form to the Secondary College of Languages.

School declaration

- The language requested is the student's background community language.
- This language will not be taught at the weekday school in 2022 in the year group and course requested.
- The weekday school accepts responsibility for entering the student with NESAs as a candidate for the 100 hours or 200 hours course, Preliminary or Higher School Certificates course, using the online entry codes for the Campus where the student is enrolled.
- The weekday school will notify the Secondary College of 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 College, including any severe allergies, medical conditions, behavioural conditions, history of violence, or wellbeing concerns.
- The weekday school will provide a SCL Coordinator who will:
 - be contactable during the week via 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 Secondary College of Languages campus 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 communicated to the Secondary College of Languages.

SCL Coordinator and Principal must sign and stamp the declaration on page 7.

School declaration (continued)

I understand and accept the declaration and conditions of enrolment on page 6.

SCL Coordinator signature: _____

Principal name: _____

Principal signature: _____

School stamp: _____

Date signed: _____ / _____ / _____

Checklist for submitting this enrolment form

Attention: SCL Coordinator

The SCL 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 completed 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 Secondary College of 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 5) have been completed and attached.
- Coloured copies of student plans (page 5) have been attached where necessary.
- The school principal has read, signed and stamped the school declaration (page 7).

Submitting this enrolment form

The student's weekday school is responsible for emailing this form, and any required appendices and supporting documentation, to the Secondary College of 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: **SCLanguages.school@det.nsw.edu.au**