

# 2024 Student enrolment application form Year 5 and Year 6

Please complete all sections and **email the form to [SCL.Enrolments@det.nsw.edu.au](mailto:SCL.Enrolments@det.nsw.edu.au)**

## Office use only

Approved: \_\_\_\_\_ Comments: \_\_\_\_\_  
Date: \_\_\_\_\_

## Student details

First given name: \_\_\_\_\_  
Other given names: \_\_\_\_\_  
Family name: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
ERN number: \_\_\_\_\_  
Student mobile: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student school email: \_\_\_\_\_  
Alternative email: \_\_\_\_\_  
Student gender: Male  Female  Other   
2024 student grade: Year 5  Year 6

## School details

School name: \_\_\_\_\_  
School email: \_\_\_\_\_

## 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

## Course details – languages offered

Arabic	Chinese	Italian	Korean	Macedonian	Serbian
Arthur Phillip <input type="checkbox"/>	Chatswood South <input type="checkbox"/>	Ashfield Boys <input type="checkbox"/>	Strathfield <input type="checkbox"/>	Smith's Hill <input type="checkbox"/>	Smith's Hill <input type="checkbox"/>
Bankstown Girls <input type="checkbox"/>	Merewether <input type="checkbox"/>				
Smith's Hill <input type="checkbox"/>	Smith's Hill <input type="checkbox"/>				

## Connection to language

Is the requested language spoken at home: Yes  Sometimes  No

Previous study/ knowledge of the language: Primary 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?  
\_\_\_\_\_

## 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  Aboriginal or Torres Strait Islander: 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.**

## 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                    \_\_\_\_\_

Student resides 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                    \_\_\_\_\_

Student resides 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:

\_\_\_\_\_  
\_\_\_\_\_

Student accesses disability provisions and/ or learning support at school: Yes  No

**If yes, please attach a copy of their individual Disability Provisions and/ or Learning Support Plan.**

Student requires disability provisions and/ or learning support on Saturday: Yes  No

If yes, please indicate any learning adjustments required to allow the student to participate at school:

\_\_\_\_\_  
\_\_\_\_\_

## Student declaration

### Conditions of enrolment

- Students must attend classes on time each Saturday, complete all homework tasks and actively engage in the course.
- I give permission for my child's email to be used by the Secondary College of 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/ caregiver that as a condition of my child's enrolment I will follow the Parent/ Caregiver 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/ caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

## School declaration

- The language requested is the student's background community language.
- This language will not be taught at the weekday school in 2024 in the year group and course requested.
- 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 school, including any severe allergies, medical conditions, behavioural conditions, history of violence, or wellbeing concerns.
- 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 Secondary College of Languages.

**I understand and accept the above conditions of enrolment.**

Principal name: \_\_\_\_\_

Principal signature: \_\_\_\_\_

School stamp: \_\_\_\_\_

Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Checklist for submitting this enrolment form

### Attention: Weekday school

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 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 supporting documentation (page 4) 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 5).

## 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: [SCL.Enrolments@det.nsw.edu.au](mailto:SCL.Enrolments@det.nsw.edu.au)