

Saturday School of Community Languages 2020 New student enrolment application form

E: Saturdaycl-h.school@det.nsw.edu.au | P: 02 9244 5748

Office use only

Approved by

Date entry

Student Information (Please print clearly in capital letters)

First namePreferred name.....

Middle name.....Surname.....

Student's mobile

ERN number *(Gov. Schools only)*..... NESA number.....

Student's school email **(mandatory)**:

Alternative student's email:

Gender: Male Female Other Date of Birth/...../.....

Student's weekday school Year in 2020 *(please tick)*:

Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Residency Status (Mandatory)

Australian citizen Yes No **If NO, all fields must be completed:**

I am a fee paying International Student Yes No

Passport Number..... Country of Issue.....

Student's Residency Status Permanent Temporary

Visa class..... Sub Class Visa Expiry Date.....

Country of birth..... If born overseas, date of arrival in Australia.....

Must attach both documents *(please tick if attached)*: Passport Visa Immi Card

Note: Application will not be accepted unless attached.

Weekday School Information (Mandatory)

School

School email.....

Weekday School SSCL Supervisor name.....

Weekday School SSCL Supervisor email.....

Language Requested

Language applying for (e.g Chinese).....

Note: Years 10-12 students applying late must attach Appendix 1.

Year 11-12 students applying for the Chinese/Japanese/Korean in Context course must attach Appendix 2.

New students applying in Year 12 must attach Appendix 3 and supporting evidence of prior learning (school reports, etc.).

Saturday School Centre *(Please tick one only):*

Note: Not all centres offer all languages (see website for details). Students must attend the SSCL Centre closest to their home address which offers the language course. Any request to vary this rule should be made in writing, attached with this application and endorsed by the weekday school principal.

- Arthur Phillip Ashfield Boys Bankstown Girls Birrong Girls Birrong Boys
 Chatswood NSL Petersham Kogarah Liverpool Boys Liverpool Girls
 Merewether Smiths Hill St George Girls Strathfield Girls The Hills Sports

For Year 11 and 12 students only *(Please tick the appropriate box)*

- Continuers [Language] in Context *(for Chinese, Japanese, Korean)*
 Extension *(Year 12 only)* [Language] and Literature *(for Chinese, Japanese, Korean only)*

Does this course count towards the minimum number of 12 Preliminary Units? *(Year 11 students only)*

- Yes No

Previous study or knowledge of the language *(please tick appropriate box/s)*

- At home Primary school High school Community school

Overseas - If overseas, which country?.....Year arrived in Australia.....

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

.....

.....

.....

Parent/Carer Details – Main carer (Mandatory)

| | | |
|---|-------------------|--------------------------|
| Parent/Carer – 1 (where student resides) | First Name: | Relationship to Student: |
| | Mr/Mrs/Ms/Miss/Dr | |

Are you the Primary contact: Yes No

Are you the Emergency contact on Saturdays?: Yes No

Does this person have permission to pick up the student from the centre?: Yes No

Street Address

Suburb Postcode

Home Phone Mobile Phone

Email Address:

| | | |
|--|-------------------|--------------------------|
| Parent/Carer – other (optional) | First Name: | Relationship to Student: |
| | Mr/Mrs/Ms/Miss/Dr | |

Are you the Primary contact: Yes No

Are you the Emergency contact on Saturdays?: Yes No

Does this person have permission to pick up the student from the centre?: Yes No

Street Address.....

Suburb Postcode

Home Phone Mobile Phone

Email Address:

Condition of Enrolment (Parent/Carer and student to sign)

- Students must attend classes each Saturday on time, do homework and be actively engaged to meet the 100 hours, 200 hours, Preliminary and Higher School Certificate course requirements of NESA. Students may have their enrolment terminated if their attendance is unsatisfactory.
- All Students (Years 7 to 12) 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 materials.
- Remote students must have access to a camera, microphone and a computer with internet connection for video conferencing or using Adobe Connect each Saturday.
- I give my permission for my child's email to be used by the teacher/centre Executive to send information or work to my child that is directly related to their language studies. I also give my permission for my child to be fully engaged using technology such as Edmodo for their language study.
- I understand as a parent/caregiver as a condition of my child's enrolment I will follow the SSCL Parent/Caregiver and Visitor Code of Conduct which can be found on the school website.

I,....., accept the above conditions of enrolment.
[PRINT STUDENT'S FULL NAME]

Student's signature:

I,....., accept the above conditions of enrolment.
[PRINT PARENT/CARER'S FULL NAME]

Parent's/Caregiver's signature:.....

Student Medical Information (Mandatory)

It is essential that all questions are completed and the form signed by the parent/caregiver to ensure we have current medical information in case of an emergency and to guide our teaching staff.

Allergies

My child has an allergy Yes No

Description of allergy.....

Anaphylaxis (*Anaphylaxis is a severe, potentially life threatening, allergic reaction*)

My child: is Anaphylactic Yes No

carries an EpiPen Yes No

has a current ASCIA Action Plan (less than 18 months) Yes No

(If Yes, a coloured copy must be attached to the application)

Asthma

My child: has Asthma Yes No

carries an inhaler Yes No

has a current ASTHMA Action Plan (less than 18 months) Yes No

(If Yes, a coloured copy must be attached to the application)

Other Medical Conditions (*e.g. depression, anxiety, diabetes, epilepsy, ASD*)

My child: has a medical condition Yes No

has a disability Yes No

is on the ASD spectrum Yes No

(If Yes, a coloured copy must be attached to the application)

In order that the SSCL can support your child, please explain their medical condition, disability or degree of Aspergers or Autism:

Declaration by Parent/Caregiver

I understand that the information disclosed above may be discussed by the SSCL Principal with other members of the school staff, as is necessary, to enable staff to care for my child.

SignedDate

Publishing Student Information (Mandatory)

Saturday School of Community Languages would like to publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child's name, age, class as well as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites of the Department including the school website, the Department's intranet (staff only), blogs and wikis
- Departmental publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department websites
- Official departmental and school social media accounts on network such as the school's YouTube, Facebook and Twitter pages.

Parents should be aware that when information is published on public website and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Saturday School of Community Languages will at all times take extreme care with the use of your child's image and information.

Permission to publish

I have read the information about publishing student information (above) and

YES, I give permission

NO, I do not give permission

for Saturday School of Community Languages to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Student's name:..... Year:.....

Parent's/Carer's Name:..... Date:.....

Parent's/Carer's Signature:.....

Declaration by Weekday School Principal

1. The language requested **is** the student's background community language.
2. This language will not be taught at this school in 2020 in the Year group requested.
3. The weekday school accepts responsibility for entering this student with the NESAs as a candidate for the 100 hours or 200 hours course, Preliminary or Higher School Certificate, using the online entry codes for the Saturday School of Community Languages Centre where the student is enrolled.
4. The weekday school will notify the SSCL of any history or circumstances known to them which may pose a risk of any type to the student, other students, or staff at the SSCL, including **any severe allergies/medical or behavioural conditions or history of violence**.
5. The weekday school will provide a weekday school supervisor who will:
 - a) respond to enquiries and provide advice regarding the student's illness or absences that affect the student's attendance and ability to complete work
 - b) be contactable by email
 - c) regularly check on students on Millennium
 - d) follow up any concerns from the SSCL centre regarding the student's application to studies or wellbeing with the student and parents.
6. To the best of my knowledge, the information contained in this application is accurate.
7. I am aware that this application will not proceed until all pages/check boxes are completed and supervisor and principal have signed.

Principal certification "I have read the above and agree to all the terms and conditions of this enrolment."

Weekday school supervisor of SSCL enrolments:
[PRINT NAME]

Principal:
[PRINT NAME] [SIGNATURE]

School stamp:..... Date/...../.....

Please complete and **EMAIL** this completed application form and any attachments to:

Saturdaycl-h.School@det.nsw.edu.au

All enrolment forms to be scanned and submitted separately with the student's full name as the file name (e.g. Jane Smith 2020 Enrolment Form). Only PDF documents from a school or teacher email address will be accepted. Scans direct from printers will not be processed.

Privacy Notice: The information provided on the enrolment form is being obtained for the purpose of processing the student's application for enrolment. It will be used by the Department of Education for general student administration and communication and other matters relating to the education and welfare of the student.

Attention Supervisor

Checklist before submitting application

1. Details on pages 1 and 3 for the student and parent/carer have been completed correctly and legibly.
2. The Principal has read, signed and stamped page 6.
3. Details on page 2 for language requested completed.
4. The Parent/Carer and student have signed page 3.
5. The student's medical information has been completed on page 4.
6. If applicable the ASCIA/Asthma management plan has been attached.
7. The form *Authority to Publish, Photograph, Film and Record Sound* has been completed on page 5.
8. For non-residents and International students: Passport, visa details and Immi card has been attached.