

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: _____

Course details

Language requested: _____

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

- ☐ [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 the minimum number of units studied in 2021: ☐ Yes ☐ No

Please select a Saturday School centre:

Centres offer a variety of different languages. Please refer to our website to find out which centres offer the requested language. Students must study at the centre closest to their home which offers the requested course.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Arthur Phillip | <input type="checkbox"/> Ashfield Boys | <input type="checkbox"/> Bankstown Girls | <input type="checkbox"/> Birrong Boys |
| <input type="checkbox"/> Birrong Girls | <input type="checkbox"/> Chatswood | <input type="checkbox"/> Kogarah | <input type="checkbox"/> Liverpool Boys |
| <input type="checkbox"/> Liverpool Girls | <input type="checkbox"/> Merewether | <input type="checkbox"/> NSW School of Languages (Petersham) | |
| <input type="checkbox"/> Smith's Hill | <input type="checkbox"/> Strathfield Girls | <input type="checkbox"/> The Hills Sports | |

Appendices

If applying late (after 20 February 2021), please attach: ☐ Appendix 1

If applying for Chinese/ Japanese/ 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: _____

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

Home phone: _____ Mobile 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

Home phone: _____ Mobile phone: _____

Email address: _____

Medical details and learning 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

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

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 indicate if the student has any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> A physical disability | <input type="checkbox"/> Vision/ hearing impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Behaviour disorder |
| <input type="checkbox"/> Difficulties in learning | <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Mental health disorder |
| <input type="checkbox"/> Other (please specify) _____ | | |

If required, please provide further details of the student's medical condition and **attach Health Care Plan:**

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:

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

- 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 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 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, including any severe allergies, medical conditions, behavioural conditions, 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).