

Section 2 - Parent 1/Guardian 1 (Enrolling Parent/Guardian)	Parent 2/Guardian 2
Mr/Mrs/Ms/Other <input style="width: 80px;" type="text"/>	Mr/Mrs/Ms/Other <input style="width: 80px;" type="text"/>
Family Name: <input style="width: 300px;" type="text"/>	Family Name: <input style="width: 300px;" type="text"/>
Given Names: <input style="width: 300px;" type="text"/>	Given Names: <input style="width: 300px;" type="text"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to student: <input style="width: 250px;" type="text"/>	Relationship to student: <input style="width: 250px;" type="text"/>
Work Phone Number: <input style="width: 250px;" type="text"/>	Work Phone Number: <input style="width: 250px;" type="text"/>
Mobile Phone: <input style="width: 250px;" type="text"/>	Mobile Phone: <input style="width: 250px;" type="text"/>
(Contact number for Absence SMS)	Email address: <input style="width: 300px;" type="text"/>
Email address: <input style="width: 300px;" type="text"/>	
(All school communication, including term reports, will be via email or SMS)	

Section 3 – Addresses

Mailing Address (Of Parent/Guardian with whom student lives)

Title and Name: <input style="width: 350px;" type="text"/>	Phone Number: <input style="width: 280px;" type="text"/>
Address: <input style="width: 350px;" type="text"/>	<input style="width: 280px;" type="text"/>
<input style="width: 350px;" type="text"/>	
Suburb/Town: <input style="width: 350px;" type="text"/>	Student's Mobile Phone: <input style="width: 280px;" type="text"/>
Postcode: <input style="width: 120px;" type="text"/>	<input style="width: 280px;" type="text"/>
Student's School Email Address: <input style="width: 600px;" type="text"/>	

Residential Address (If different from above)

Title and Name: <input style="width: 350px;" type="text"/>	Phone Number: <input style="width: 280px;" type="text"/>
Address: <input style="width: 350px;" type="text"/>	<input style="width: 280px;" type="text"/>
<input style="width: 350px;" type="text"/>	
Suburb/Town: <input style="width: 350px;" type="text"/>	
Postcode: <input style="width: 120px;" type="text"/>	
Email Address: <input style="width: 350px;" type="text"/>	

Section 4 - Emergency Contact if Parent or Guardian cannot be contacted

Name: <input style="width: 350px;" type="text"/>	Home Phone: <input style="width: 180px;" type="text"/>	
Relationship to student: <input style="width: 350px;" type="text"/>	Mobile Phone: <input style="width: 280px;" type="text"/>	
	Work Phone: <input style="width: 180px;" type="text"/>	Ext: <input style="width: 60px;" type="text"/>

Section 5 - Court Orders/ Children and Young People in Care

Are there any current Court-sanctioned orders relating to this student?
If yes, please attach a copy of the order for the school's records. Yes No

Is the student under the Guardianship of the Chief Executive, DCP or in Alternative Care?
If yes, please provide further details. Yes No

Section 6 - Medical Conditions

Does the student have a diagnosed medical condition which we should be aware of? Yes No

If Yes, please specify:

If there is a Health Care Plan, please attach a copy.

Section 7 – One Child One Plan / Negotiated Education Plan (NEP) / Individual Education Plan (IEP) / Individual Learning Plan (ILP)

Does the student have a recognised learning difficulty which we should be aware of? Yes No

If Yes, please specify:

If there is an Education/Learning Plan, please attach a copy.

Section 8 - Course Details

(Refer to a School of Languages Enrolment Officer, if applicable, phone 8301 4800)

Please complete each section and tick as

appropriate **Language enrolling in for 2026:**

(Language) (Day)

Teaching Centre:

Year Level of Course:

- Rec Year 6
Year 1
Year 2
Year 3
Year 4
Year 5

Section 9 - Previous Language Studies

Has the student studied this Language previously? Yes No

If yes, please indicate where:

	<i>(please tick)</i>	<i>(specify)</i>
School of Languages	<input type="checkbox"/>	
Community Language School	<input type="checkbox"/>	<input type="text"/>
Mainstream School	<input type="checkbox"/>	<input type="text"/>
Overseas	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

In which year(s) ? Highest Year Level studied:

Section 12 – Agreements and Consents

Bring Your Own Device (BYOD)/Cyber Safety /Use of Information and Communication Technologies (ICT)

I have read and understood the Cyber-Safety Use Agreement and I am/we are aware of the importance of a cyber-safe learning environment.

I have read and agree to the conditions as set out in the Acceptable Use of ICT Equipment and Devices.

Day School Contact

I give permission for the School of Languages to liaise with the day school of my child with respect to sharing Health Care Plans, One Plans, Safety Plans, school reports and other relevant documents to support learning outcomes for my child.

Permission to use image, video, voice, and/or creative work of students and children

The Department for Education develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites). Students also publish their own materials on websites (eg school website, Department for Education website, Scootle™, iTunes™ or other online environments).

(Please tick either DO or DO NOT for each)

I **DO / DO NOT** grant permission for the Department for Education to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and the School of Languages name

DO **DO NOT**

I **DO / DO NOT** grant permission to distribute them in the following locations:

- printed publications (eg newsletters, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts

DO **DO NOT**

Any material placed on publicly accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), irrevocable, free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

I **DO / DO NOT** also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

DO **DO NOT**

Name of parent/carer:

Signature of parent/carer:

Signature of student:

Please note: The permissions will continue until you /your child revoke permission in writing to the principal of the school.

