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www.schooloflanguages.sa.edu.au

School Use Only

Form collected and checked by: Date:

Student ID:

2026 Student Enrolment Form Years R-6

***If you are an International Full Fee Paying Student please discuss this enrolment with the ISP Manager in your day school before attending any classes, and complete the International Full Fee paying Student Enrolment form (purple) instead of this form.**

Section 1 - Student Personal Details

Family Name:

Given Names:

Preferred Name:

(if different to given name)

Date of Birth:

Day	Month	Year
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Gender: Male ☐ Female ☐ Non-Binary ☐ Not Stated ☐ Different Terms ☐ Prefer not to Answer ☐

Is the student of Australian Aboriginal or Torres Strait
Islander origin? (For persons of both Australian Aboriginal and
Torres Strait Islander origin, tick both 'Yes' boxes.)

No ☐

Yes, ☐
Australian Aboriginal

Yes, ☐
Torres Strait Islander

In which country was the student born?

Australia ☐

Other – please specify

If other, on which date did the student arrive in Australia?

Day	Month	Year
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Does the student speak a Language other than English at home?

No, English only ☐ Yes ☐

Main Language:

Other Language(s):

What is the student's cultural background?

Name of Day School:

Year Level at Day School in 2026:

Office use Only

Subject Selection:

Enrolment Officer:

Date:

Teacher:

Roll Class:

Section 2 - Parent 1/Guardian 1 (Enrolling Parent/Guardian)	Parent 2/Guardian 2
Mr/Mrs/Ms/Other Family Name: Given Names: Gender: Male ☐ Female ☐ Relationship to student: Work Phone Number: Mobile Phone: (Contact number for Absence SMS) Email address:	Mr/Mrs/Ms/Other Family Name: Given Names: Gender: Male ☐ Female ☐ Relationship to student: Work Phone Number: Mobile Phone: Email address:
(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: Address: Suburb/Town: Postcode:	Phone Number: Student's Mobile Phone:
Student's School Email Address:	
Residential Address (If different from above)	
Title and Name: Address: Suburb/Town: Postcode:	Phone Number:
Email Address:	
Section 4 - Emergency Contact if Parent or Guardian cannot be contacted	
Name: Relationship to student:	Home Phone: Mobile Phone: Work Phone: Ext:
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:

(please tick)

(specify)

School of Languages

☐

Community Language School

☐

Mainstream School

☐

Overseas

☐

Other

☐

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
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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
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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.

