



2018 New student enrolment application form

Saturday School of Community Languages

Office use only: Approved: _____
Assessment required: _____ Data entry: _____

Student information (Please print in capital letters)

Family name: _____ First name: _____

Middle name: _____ Preferred name: _____

Student email: _____

Student mobile number: _____ Date of birth: ____/____/____

Gender: Male Female Other _____

Permission to Publish: Yes No NESA number _____

For International Students Only

- **Fee-paying International Student** Yes Copy of passport attached
- **Weekday School International Student Co-ordinator Name:** _____
- **Co-ordinator Email:** _____

Weekday school information (Monday to Friday)

School name: _____

School phone: (____) _____

School email: _____

Weekday School SSCL Supervisor name: _____

Weekday School SSCL Supervisor email: _____

Student's weekday school Year in 2018:

Yr 7 Yr 8 Yr 9 Yr 10 Yr 11 Yr 12

Application information

Language and course applied for (e.g Year 11 Chinese in Context)

Saturday School Centre _____

Note: Students must attend the SSCL Centre closest to their home address which offers the language course requested. Any request to vary this rule should be made in writing with this application and endorsed by the weekday school principal.

Previous study or knowledge of the language:

At home Primary school High school Community school

Overseas Which country? _____ Year arrived in Australia _____

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



Household Information

Address (no. and street) _____

Suburb: _____ Postcode: _____

Home phone: (____) _____

Parent/Carer Information

Parent/carers name: _____

Parent/carers title: Mr Mrs Ms Other: _____

Relationship to student (e.g. mother) _____

Parent/carers email: _____

Mobile phone: (____) _____

Are you the Primary contact? Yes No

Are you the Emergency contact on Saturdays? Yes No

If No, who is the emergency contact? Name _____

Relationship to student: _____ Mobile Phone (____) _____

Does this person have permission to pick up your child from the centre? Yes No

Student Medical Information (*this section is mandatory*)

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

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

Note: 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

Note: 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



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

Declaration by Parent/Carer

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.

Signed _____ Date _____

Condition of Enrolment

1. 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.
2. 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.
3. Students may be required to purchase materials.
4. Remote students must have access to a camera, microphone and a computer with internet connection for video conferencing each Saturday.

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

Student's signature: _____

Parent's/carers name: _____

Parent's/carers signature: _____

For students in Year 11 only – Please tick the appropriate box

Preliminary Course: Continuers [Language] in Context (*Chinese, Japanese, Korean*)
[Language] and Literature (*Chinese, Japanese, Korean, Persian*)

Does this course count towards the minimum number of 12 Preliminary Units? Yes No

Note: Students applying for the Chinese/Japanese/Korean in Context course must attach Appendix 2.

For new students in Year 12 only

HSC Course: Continuers Extension [Language] and Literature
(*Chinese, Japanese, Korean, Persian*)

Note: Appendix 1 and supporting evidence of prior learning (reports, etc.) must be attached.

Late enrolments in Years 10, 11 & 12

Students enrolling after **17 February 2018** in Years 10, 11 and 12, **must** complete **Appendix 1**. Documentary evidence as proof of prior learning must also be attached (reports, etc.).



Declaration by weekday school principal (please tick each box)

1. The language requested **is** the student's background community language.
2. This language will **not** be taught at this school in 2018 in the Year group requested.
3. The weekday school accepts responsibility for entering this student with the NESA 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 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 Sentral
 - 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

Weekday school supervisor of SSCL enrolments: _____
[PRINT NAME]

Principal: _____
[PRINT NAME] [SIGNATURE]

School stamp: _____ **Date** ____/____/____

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. While the provision of this information is voluntary, if you do not provide any or all of this information, it may delay or prevent the processing of this application for enrolment. This information will be stored securely. You may access or correct any personal information provided at any time by contacting the Saturday School of Community Languages or the student's SSCL Centre.

Please fill out, download, sign and EMAIL or MAIL this completed application form and any attachments to:

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

The Principal, Saturday School of Community Languages
Department of Education
Learning and Teaching – Secondary Education
Locked Bag 53
Darlinghurst NSW 1300