



Declaration

I/we, _____

PRINT FULL NAME/S

As a person/people who has/have lawful authority of the child referred to in this enrolment form for **Alliance Française d'Adelaïde, 319 Young Street Wayville SA 5034:**

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the school in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the staff at this school seeking or where appropriate administering any medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I will reimburse any expense incurred by the school should this happen.
- Consent to the staff administering medication if so requested by me in writing using the appropriate medication authority form, (but recognise all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; and any written instructions provided by a registered medical practitioner).
- Agree if an emergency occurs, the Nominated Supervisor or other staff may administer emergency first aid and call an ambulance without making contact with me, and acknowledge staff will notify me as soon as possible.
- Authorise for the Nominated Supervisor or other staff at the service to administer general first aid products as per the manufacturer's recommendations.
- Authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature if staff have been unable to organise someone to collect the child, or when the person collecting the child will take longer than staff believe is a safe time frame.
- Declare that I have been made aware of the school's policies and will abide by those policies.
- Agree to notify the school as soon as possible if my child will be absent.
- Agree to giving two weeks written notice to withdraw my child from the school
- Give consent for my child to participate in any incursions the school may organise, where people share their skills, knowledge, experience, etc. with the students.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Privacy Disclaimer

The school acknowledges and respects the privacy of its community. The information that is being collect by the school is to process your enrolment. By completing this form, you have consented to this information being collected. The intended recipients of this information are the school, The Ethnic Schools Association of South Australia Inc. and for interaction with the Government of South Australia who provide funding to ethnic schools. The information collected will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the Privacy Act. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the school's record management policy. The contact information of students will be shared publicly only when the express permission is given to the Ethnic Schools Association of South Australia to do so or under mandatory reporting requirements.



Student Enrolment Form 2017

Student Details

Surname: _____ Given _____

Name(s): _____

Place of Birth: _____

(Town/State/Country)

Date of Birth: ____/____/____ Age: _____ Sex: Male / Female

Home address: _____

Suburb: _____ State: S.A Postcode _____

Contact Phone: _____ Work: _____

Email: _____

Postal address (If different from above) _____

_____ State: _____ Postcode: _____

Language/s spoken at home: _____

Language taught at ethnic school: _____

Mainstream School Details (Mainstream school is the school attended on weekdays)

Mainstream school where the student is enrolled: _____

Address: _____ Suburb: _____

Student's Year Level _____ Teacher _____

Is this student an overseas full-fee paying student? Yes No

Parent Details

Parent 1

Mr/Mrs/Miss/Other: _____ Surname: _____

Given Name(s): _____

Sex Male/Female Relationship to student: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Home address: _____

Suburb: _____ State: _____ Postcode _____



Parent 2

Mr/Mrs/Miss/Other: _____ Surname: _____

Given Name(s): _____

Sex Male/Female Relationship to student: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Home address: _____

Suburb: _____ State: _____ Postcode _____

Emergency Contacts: If parents or guardians cannot be contacted or unable to collect students, the School should contact:

Person 1

Name: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Person 2

Name: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Medical Information (Please include medication needed to be taken at school)

Does your child have a diagnosed medical condition which might need first aid? Yes No

If yes, please circle relevant conditions:

Severe allergies Anaphylaxis Food Intolerance Asthma Joint condition
Heart condition Seizures Diabetes Visual Impairment Hearing Impairment

Other (specify) _____

Does your child have any known food intolerances? (e.g. lactose intolerance, gluten intolerance)

Yes No

If yes, please provide details:



Does your child need extra routine health support? (e.g. Support with medication management, continence care, psychiatric issues) Yes No

If yes, the school will need a health care plan from the treating doctor/health professional.

Is the plan attached? Yes No

Family Court Orders

Are there any current Court orders relating to this student? Yes No

If yes, please attach a copy of the order for the school's records.

If circumstances change, please inform the school immediately.

Details: _____

This consent overrides any previous notification received

Photographs

There are times when children may be photographed or filmed: e.g. special events, newspaper articles, television news items.

I give permission for my child to be filmed or photographed and for photos to be used for non-profit promotional purposes Yes No

I consent to my child's name as indicated below in the school newsletter/website for an undefined period of time Yes No

Surname Given Name(s)

Parent/Caregiver Signature: _____ **Date:** _____

Parent/Caregiver Name: _____

Short Walk Excursion Consent

From time to time teachers need to take classes on short local walks as part of their educational program. It would be most convenient and economic for us and possibly you as parents/caregivers if you give permission for these walks to take place at any time during the year in which your child is at this school. It is understood that in extreme heat or inclement weather conditions, such walks would not take place.

Major excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving financial cost a separate notice will be given and separate consent forms.

I _____ give permission for my child



_____ to go on short walk excursions with their
teacher.

Signature: _____ Date: _____

(Please Print)

I CERTIFY THAT THIS IS THE ONLY ETHNIC SCHOOL THE STUDENT ATTENDS

TO LEARN _____ (Name of language)

OR MY CHILD IS ALSO ENROLLED AT _____

TO LEARN _____ (Name of language)

**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED
IN THIS FORM AND AS STATED ABOVE IS CORRECT.**

Signature of Parent 1

Signature of Parent 2

Name of enrolling *Father/Mother/Guardian* _____

(Please Print)

Date

Please note: The ethnic school may not be able to accept students who require extensive support without your assistance.

Ambulance and medical costs, if applicable, remain the responsibility of the parent/guardian.

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