

STUDENT RE / ENROLMENT FORM

**Important:** Names on this form must be the same as the names known by or used at the main stream school.

Student ID: BSLS

STUDENT PERSONAL DETAILS	
Family Name	
First Name	
Middle Name	
Date of Birth (dd/mm/yy) (birth certificate must be provided)	Gender: (Male Female )
STUDENT RESIDENTIAL ADDRESS	
Street No & Name	
Suburb & Post Code	VIC:
Australian Residency Status	
STUDENT SCHOOL DETAILS	
Mainstream School Name	
Suburb & Post Code	VIC:
Mainstream School Class Level	
BSLS Class level	
Student Currently Attend any Other Language School	YES NO (if yes please provide the name of CLS)
Student Previously Attended any Other Language School	YES NO (if yes please provide the name of CLS)
STUDENT MEDICAL DETAILS & CONSENT	
Medicare Number	
Current Ambulance Subscription or Health care card	YES NO
Family Doctors Details. (address & contact details)	
Does the student have any severe medical condition or allergy reaction?	YES NO (if yes, please fill out the Allergy form)
Medical Declaration. (In the event that the parents are unable to be contacted.)	In the event of illness, injury to my child while at school, an excursion or travelling to or from school during the excursion, I authorise principle/president or a senior staff member to, attend to emergency medical treatment as this necessary by the medical practitioner. YES NO
Does the student up to date with immunisation	YES NO
NAME OF SIBLING(S) ATTENDING THE SCHOOL	
NAME	YEAR LEVEL
1	
2	
3	

PARENT/GUARDIAN DETAILS			
	Father/Male Guardian Details		Mother/Female Guardian Details
Family Name			
Given Name			
Relationship To Student			
Contact Number	Home:		
	Mobile:		
Email			
Australian Citizen or Permanent resident	YES	NO	YES NO
Do you hold a Working with Children Check?	YES	NO	YES NO
(if Yes, provide the number and expiry date)	Card no		Card no
	Exp: date		Exp: date

EMERGENCY CONTACT DETAILS			
	Contact 1 Details		Contact 2 Details
Family Name			
Given Name			
Relationship to Student			
Contact Number	Home:		
	Mobile:		

**Privacy Collection notice-Protecting your privacy and sharing information**

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (Department) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at: <http://www.education.vic.gov.au/Pages/privacy.aspx>

**Parent /Guardian Privacy Consent and Declaration**

**I consent to: -**

1. The collection of my child's health and personal information by the community language school.
2. The community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes.
3. The principal or teacher (where the principal or teacher in charge is unable to contact me) to administer such first aid to my child as the principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency.
4. Provide consent to receive E-mails, share information with Department of Education and other promotional materials and event details of the BSLS via website, e-mail, SMS and other electronic and non - electronic media.
5. I agree publishing my child's photographs /work as outlined above and will notify BSLS, if I decide to withdraw this consent

I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form.

Name of Parent/Guardian: .....

Signature of Parent/Guardian: ..... Date: .....

**Office Use Only**

Child's Birth certificate provided	Yes/ No	
Asthma or Anaphylaxis action plan/Medication	Yes/No	
Enrolment Date:		
Staff member:	Position:	Signature: