Department of Education and Early Childhood Development

COMMUNITY LANGUAGES SCHOOLS PROGRAM

ENROLMENT FORM - 2012

NAME OF SCHOOL:……**Language:** ……..

PARENTS SECTION

STUDENT'S PERSONAL DETAILS

Family name:.....

Given name: .....

Date of birth: ...../ ...../…….

Sex:..... (Male/Female)

Address:.....

Suburb: .....

Postcode: .....

Telephone:.....

Year Level in day school:.....

Year Level in community languages school: .....

Does the student attend the Victorian School of Languages (VSL)? If YES, which Centre and for which language?

.....……

FATHER'S/MALE GUARDIAN'S DETAILS

Family name:.....

Given name: .....

Relationship to student:.....

Country of birth:.....

Emergency contact No: .....

MOTHER'S/FEMALE GUARDIAN'S DETAILS

Family name:.....

Given name: .....

Relationship to student:.....

Country of birth:.....

Emergency contact No: .....

Name of Parent/Guardian: …… (Please print)

Signature of Parent/Guardian: ……. (Father/Mother/Guardian)

Date: ……./……./2012

ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, or on an excursion, or travelling to or from school, I authorise the Principal or senior staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and/or operations. (Strike out if consent is not given for any of these procedures).

Signature of Parent/Guardian: .....

DAY SCHOOL SECTION

To be completed by student's Day school

DAY SCHOOL ATTENDED BY STUDENT: .....

1. Is this student studying the **same** language at his/her **day** school during normal school hours as the one studied at the Community Languages School?

YES ☐ NO ☐ Year level:…… Hrs per week:…….

2. Is this student enrolled with the VCAA for VCE Units in this language through his/her **day** school in 2012?

YES ☐ NO ☐ If YES, please specify: Unit names/levels .....

3. Is the student an **overseas** full fee-paying student? YES ☐ NO ☐

DECLARATION BY PRINCIPAL OF STUDENT'S DAY SCHOOL

I certify that the applicant is a student in full - time attendance at this school and in the year level stated above and that the school has recorded that the student is studying a language at the above Community Languages School.

Name of Principal Signature of Principal

……... …….. (Official stamp of school)

Date: ……./……./2012

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