

# NSW Community Languages Schools Program

## Student enrolment and parent/carers consent form

This enrolment and parent/carers consent form is to be completed in English.

Student details provided on the form should match those provided to the student's day school. A separate form is to be completed for each student annually.

### Student details

#### A. Student details

Family name

First given name

Second given name

Preferred first name

Gender ☐ Male ☐ Female Date of birth / /

day month year

In which year is this student enrolled in their day school? (mark only one box) ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Is the student an overseas full fee paying student? ☐ Yes ☐ No

Name of community language school

Marco Polo Italian Language School

IBN ID  Date of enrolment at this school / /

day month year

#### DAY SCHOOL ATTENDED

Please provide details of the day school where the student is currently enrolled.

Name of day school attended

Location of day school (suburb/town)

Dates of attendance (for example: from 05/2009 to 06/2011) /  to /

month year month year

## Family details

### B. Parent/Carer 1 with whom this student normally lives

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐ Male

☐ Female

Relationship to student (eg mother/father/carers)

Family name

Given name

Country of birth

### B. Parent/Carer 2 with whom this student normally lives

Title (eg Mr/Ms/Mrs/Dr)

Gender

☐ Male

☐ Female

Relationship to student (eg mother/father/carers)

Family name

Given name

Country of birth

### C. Parents/carers with whom this student normally lives

Name to be used for all correspondence (eg Mr and Mrs A Black, Ms B Green)

Residential address (eg 1 High Street, Sydney, NSW, 2000)

Is this the residential address of the student to be enrolled? ☐ Yes ☐ No

Correspondence address

If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).

If the school needs to contact a parent/carers, please specify, in order of preference, who to contact

If there are any special conditions or times relevant to any contact number, please include this in the comment box next to the number (eg Mondays and Tuesdays only).



## Family details

**Preferred email address for correspondence**

## Residential address (eg 1 High Street, Sydney, NSW, 2000)

[illegible]

Does the student sometimes reside at this address? ☐ Yes ☐ No

### Correspondence address

*If you have a correspondence address that is different to your residential address please write it below (eg PO Box 51, Sydney, NSW, 2001).*

[illegible]

### E. Additional emergency contacts

*Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the community language school is unable to contact the parents/carers listed in Section C. Please ensure that you have discussed with these people their willingness to be emergency contacts.*

**CONTACT DETAILS** *(first preference)*[illegible][illegible]

Relationship to student (eg neighbour/aunt/uncle)

*If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).*

## Comments

**Phone number** (*mobile*)

\_\_\_\_\_

Phone number (home)

\_\_\_\_\_

Phone number (work)

\_\_\_\_\_

**CONTACT DETAILS** *(second preference)*[illegible][illegible]

Relationship to student (eg neighbour/aunt/uncle)

*If there are any special conditions or times relevant to any contact number, please include these in the comment box next to the number (eg Mondays and Tuesdays only).*

### Comments

**Phone number (mobile)**

\_\_\_\_\_

**Phone number (home)**

\_\_\_\_\_

Phone number (work)

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## Personal information and declaration of accuracy

The personal information collected on this information form is for purposes directly related to your child's attendance at a community languages school, including the processing of applications for grant funding from the NSW Community Languages Schools Program, administered by the NSW Department of Education and Communities.

Any information provided to the Department of Education and Communities will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department of Education and Communities to meet its obligations in relation to data collection, reporting and the payment of grants.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the purposes of confirming the eligibility of students for grant funding and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's community language school. The community language school is responsible for advising the NSW Department of Education and Communities of any corrections required to the electronic database. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the community language school.

## Your consent and declaration

I have provided information related to the student in this enrolment form.

I consent to providing information contained on this enrolment form to the Department of Education and Communities to confirm the accuracy of the information with other organisations that may also hold information related to the student named on page 1.

I have read the information on this page concerning the collection of personal information.

I declare that the information provided in this enrolment form is, to the best of my knowledge and belief, accurate and complete.

Where I have given personal information about other people I have done so with their authorisation.

I am aware that if information I have given is false or misleading, any decision made as a result of this enrolment form may be changed.

### Signature of parent/carer

*(at least one of the student's parents/carers must sign the enrolment form)*

**Print name**

**Date**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			

**Signature of second parent/carer**

**Print name**

**Date**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			