# NSW Community Languages Schools Program Student enrolment and parent/carer consent form

This enrolment and parent/carer 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 de	tails											
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 stud	dent 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 overse	as full fee paying student?    Yes    No											
Name of community language school												
IBN ID	Date of enrolment at this school    day month year											
DAY SCHOOL ATTENDED												
DAY SCHOOL ATTEN	DED											
	the day school where the student is currently enrolled.											
	the day school where the student is currently enrolled.											
Please provide details of	the day school where the student is currently enrolled.											
Please provide details of  Name of day school atte	the day school where the student is currently enrolled.											
Please provide details of  Name of day school atte  Location of day school (s	the day school where the student is currently enrolled.  Suburb/town)  r example: from 05/2009 to 06/2011)											
Please provide details of  Name of day school atte  Location of day school (s	the day school where the student is currently enrolled.  suburb/town)											
Please provide details of  Name of day school atte  Location of day school (s	the day school where the student is currently enrolled.  Suburb/town)  r example: from 05/2009 to 06/2011)											
Please provide details of  Name of day school atte  Location of day school (s	the day school where the student is currently enrolled.  Suburb/town)  r example: from 05/2009 to 06/2011)											

Famil	ly c	letai	9

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/carer)											
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/carer)											
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?											
Correspondence address  (for a bound of a service and a service address of a service 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/carer, 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

NAME OF PARENT/CARER TO CONTACT FIRST	
	Comments
Phone number (mobile)	
Phone number (home)	
Phone number (work)	
Contact email address	
NAME OF PARENT/CARER TO CONTACT SECOND	
THAIRE OF FARENCEARER TO CONTACT SECOND	
	Comments
Phone number (mobile)	
Phone number (home)	
Phone number (work)	
Contact email address	
D. Parents/carers not living with this stu	dent
D. Parents/carers not living with this stu  Complete only if applicable. Please print and attach additional pages	
Complete only if applicable. Please print and attach additional pages	s if required for multiple parents/carers not living with this student.
Complete only if applicable. Please print and attach additional pages  Title (eg Mr/Ms/Mrs/Dr)	s if required for multiple parents/carers not living with this student.
Complete only if applicable. Please print and attach additional pages  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)	s if required for multiple parents/carers not living with this student.
Complete only if applicable. Please print and attach additional page:  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name	s if required for multiple parents/carers not living with this student.
Complete only if applicable. Please print and attach additional pages  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact num	Gender Male Female
Complete only if applicable. Please print and attach additional pages  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS	Gender Male Female
Complete only if applicable. Please print and attach additional pages  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact num	Gender Male Female  Gender Male Female  Male Female  Male Female  Male Female  Male Female
Complete only if applicable. Please print and attach additional pages.  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact nur (eg Mondays and Tuesdays only).	Gender Male Female  Gender Male Female  Male Female  Male Female  Male Female  Male Female
Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact nur (eg Mondays and Tuesdays only).  Phone number (mobile)  Phone number (home)	Gender Male Female  Gender Male Female  Male Female  Male Female  Male Female  Male Female
Complete only if applicable. Please print and attach additional pages.  Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact nur (eg Mondays and Tuesdays only).	Gender Male Female  Gender Male Female  Male Female  Male Female  Male Female  Male Female
Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact nur (eg Mondays and Tuesdays only).  Phone number (mobile)  Phone number (home)	Gender Male Female  Gender Male Female  Male Female  Male Female  Male Female  Male Female
Title (eg Mr/Ms/Mrs/Dr)  Relationship to student (eg mother/father/carer)  Family name  Given name  CONTACT DETAILS  If there are any special conditions or times relevant to any contact nur (eg Mondays and Tuesdays only).  Phone number (mobile)  Phone number (home)	Gender Male Female  Gender Male Female  Male Female  Male Female  Male Female  Male Female

## Family details

Preferred email address for correspondence																										
Residential address (eg 1 High Street, Sydney, NSW, 2000)																										
Does the student sometimes reside at this address?																										
Correspondence address																										
If you have a corresponder	nce ad	dres	s that is	diffe	erent	to y	our/	resid	den	tial a	addr	ess p	oleas	se wi	rite i	t bel	ow	(eg F	PO B	ox :	51, 5	Sydn	ey,	VSV	, 20	001).
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.																										
<b>CONTACT DETAILS</b> (first	st pre	fere	ence)							,											,	,	,	,		
Family name																										
Given name																										
Relationship to student (eg	g neigh	nbou	ur/aunt/u	ncle	e) [																					
If there are any special cor (eg Mondays and Tuesday			times rei	leva	nt to	any	con	tact	nui	mbe			incl men		these	e in i	the	comi	men	t bo	ox ne	ext t	to th	ie nu	ımb	er
Phone number (mobile)																										
Phone number (home)																										
Phone number (work)																										
CONTACT DETAILS (see	cond <sub>l</sub>	ore	ference	)																						
Family name																										
Given name																										
Relationship to student (eg	g neigh	nbou	ır/aunt/u	ncle	e) [																					
<i>If there are any special cor</i> (eg Mondays and Tuesday			times rei	leva	nt to	any	con	tact	nui	mbe			incl men		these	e in :	the	comi	men	t bo	ox ne	ext i	to th	e nu	ımb	er
Phone number (mobile)																										
Phone number (home)																										
Phone number (work)																										

### 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.

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

Certain information is required by the Department of Education 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 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 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 month year Signature of second parent/carer **Print name** Date year month

day