

**ACT COMMUNITY LANGUAGE SCHOOLS ASSOCIATION (ACT CLSA)
ENROLMENT FORM – 2018**



NAME OF SCHOOL: **Language:**

<p>STUDENT'S PERSONAL DETAILS</p> <p>Family name:</p> <p>Given name:</p> <p>Date of birth:/...../.....</p> <p>Sex: (Male/Female)</p> <p>Address:</p> <p>Suburb:</p> <p>Postcode:</p> <p>Telephone:</p> <p>Day School attending:</p> <p>Year Level in day school:</p> <p>Level in community language school:</p> <p>Are you a Permanent Resident or Temporary Resident?</p>	<p>1. PARENT/GUARDIAN'S DETAILS</p> <p>Family name:</p> <p>Given name:</p> <p>Relationship to student:</p> <p>Country of Birth:</p> <p>Languages spoken:</p> <p>Emergency contact No:</p> <p>Email:</p> <p>2. PARENT/GUARDIAN'S DETAILS</p> <p>Family name:</p> <p>Given name:</p> <p>Relationship to student:</p> <p>Country of Birth:</p> <p>Languages spoken:</p> <p>Emergency contact No:</p> <p>Email:</p>
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Name of Parent/Guardian: (Please print)

Signature of Parent/Guardian: (Parent/Guardian)

Date:/...../2018

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:

To be completed by student's day school

DAY SCHOOL ATTENDED BY STUDENT:

DECLARATION BY PRINCIPAL/DELEGATE 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. The school has noted that the student is studying an additional language at the above community language school.

<p>Name of Principal or Delegate</p> <p>.....</p> <p>Date:/...../2018</p>	<p>Signature of Principal or Delegate</p> <p>.....</p>	<p align="center">(Official stamp of school)</p>
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PO Box 332 - Dickson ACT 2602
Email: italianlanguageschool@gmail.com - Phone: 0404 840 207

ANNEX TO ACT CLSA ENROLMENT FORM

Name of student:

Please detail any allergies and/or behavioural concerns that may be relevant to the class teacher

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I authorise ILS to take photos of my child for promotional purposes: **Yes / No**

CONDITIONS OF ENROLMENT

1. Students must be formally enrolled and fees paid in full in advance before attending classes.
 2. Each student is required to bring his or her own stationery and scrapbook to each lesson.
 3. Students are required to have a workbook appropriate to their level as identified by ILS.
 4. Enrolment is completed when the enrolment form is returned with payment and has been stamped and signed by the School Principal. No written confirmation will be sent. This is not required in Term 3 and Term 4.
 5. Payment can be made by cash, cheque or deposit.
Please **deposit*** at the Commonwealth Bank of Australia.
Account name: Italian Language School
BSB: 062-907
Account number: 10283584 (preferred method)
*Or make **cheque** payable to "Italian Language School"*
- *Please include your surname and initial as the reference when paying by EFT.
6. No partial refund can be given for classes not attended.
 7. Fees will only be refunded if ILS cancels a course.

I understand and accept the above conditions.

Signature:

Date:/...../ 2018