

**STUDENT ENROLMENT FORM**  
**(Reception to Year 12)**

1. Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

2. Country of Birth \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex Male / Female

3. Home address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

4. Postal address (If different from above) \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel (H) \_\_\_\_\_ Tel (W) \_\_\_\_\_  
(M) \_\_\_\_\_ (E) \_\_\_\_\_

5. Language/s spoken at home \_\_\_\_\_

6. Mainstream school where the student is enrolled \_\_\_\_\_  
(Mainstream school is the school attended on week days)

7. Mainstream school address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

8. Student's year level at mainstream school \_\_\_\_\_

9. Name of student's teacher at mainstream school \_\_\_\_\_

10. Name of the Italian Didactic Centre Course venue where the student will be attending  
\_\_\_\_\_

11. Is this student an overseas full-fee paying student? Yes  No

12. In case of emergency, the School should contact: Name \_\_\_\_\_  
Tel (H) \_\_\_\_\_ Tel (W) \_\_\_\_\_ (M) \_\_\_\_\_

13. Medical Information (Please include medication needed to be taken at school)

Does your child have a diagnosed medical condition which might need first aid? Yes  No

If yes, please circle relevant conditions:

Severe allergies      Asthma      Heart condition      Diabetes      Joint condition      Seizures

Other (specify) \_\_\_\_\_

Does your child need extra routine health support? (eg. Support with medication management, continence care, psychiatric issues) Yes  No

If yes, the school will need a health care plan from the treating doctor/health professional.

**Please note: The Italian Didactic Centre may not be able to accept students who require extensive support.**

**Ambulance and medical costs if applicable remain the responsibility of the parent/guardian.**

**14. Family Court Orders**

Are there any current Court orders relating to this student? Yes  No

*If yes, please attach a copy of the order for the school's records.*

**If circumstances change, please inform the school immediately.**

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. Photographs**

There are times when children may be photographed or filmed: eg special events, newspaper articles, television news items.

I give permission for my child to be filmed or photographed and for photos to be used for non profit promotional purposes Yes  No

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Caregiver Name:** \_\_\_\_\_  
(Please Print)

**16. I certify that this is the only ethnic school the student attends to learn Italian and I declare that to the best of my knowledge the information as stated above is correct and I agree to abide by the Student Policy and to follow Enrolment Procedures.**

Signature of Applicant ..... (If student is 18 years or over)

Signature of Parent/Guardian 1 ..... (If student is 18 years or under)

Signature of Parent/Guardian 2 ..... (If student is 18 years or under)

Name of enrolling Parent/Guardian \_\_\_\_\_ (If student is under 18 years)  
(Please Print)

Date .....

*The Italian Didactic Centre of SA Inc is fully registered as an Ethnic School Authority.*