| **Logo  Description automatically generated with medium confidence** | Croatian School of Language & Culture Melbourne Inc  69 Hodgkinson Street | Clifton Hill VIC 3068  croatianschoolmelbourne@gmail.com  www.croatianschoolmelbourne.org.au |
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**ENROLMENT FORM 2024 - ONE FORM PER STUDENT**

Please read all school policies and procedures prior to completing this enrolment form.

\*\* Student enrolment data must match EXACTLY the information provided to the mainstream school when enrolling with the Victorian Department of Education. Do not include any commas, accents or other special characters. Do not include initials. Hyphenated names and apostrophes are allowed. \*\*

**1. Student Details**

| First Name |  | Surname |  | |
| --- | --- | --- | --- | --- |
| Middle Name |  |  | | |
| Date of Birth (dd/mm/yyyy) | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | Gender | ☐ Male ☐ Female ☐ Other | |
| Home Address |  | | | |
| Suburb |  | | Postcode |  |

**2. Student’s Mainstream School Enrolment in 2024**

| Student’s Mainstream Year Level | | ☐ Prep ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 | | |
| --- | --- | --- | --- | --- |
| Is the student Home Schooled? | | ☐ No, not Home Schooled ☐ Yes, Home Schooled | | |
| If Home Schooled, email the school a current VRQA letter with VSN confirming registration for home-schooling in 2024. | | | | |
| Student’s Victorian Student Number | |  | | |
| Student’s Mainstream School Name | |  | | |
| Student’s Mainstream School Address | |  | | |
| Suburb |  | | Postcode |  |

**3. School-aged student eligibility for Victorian Department of Education funding in 2024**

| Is the student an Australian or NZ citizen, permanent resident or holds a temporary visa? (funded) | ☐ Yes ☐ No |
| --- | --- |
| Is the student enrolled in a fee-paying international student program in any Victorian mainstream school in 2024? (not funded) | ☐ Yes ☐ No |
| Is/will the student be enrolled at another Community Language School to learn the **same** language in 2024? (not funded) If Yes, which school: | ☐ Yes ☐ No |
| Is/will the student be enrolled at the Victorian School of Languages (VSL) to learn the **same** language in 2024? (not funded) If Yes, which school: | ☐ Yes ☐ No |

**4. Student’s Medical Information**

| Does the student suffer from any medical condition? (e.g. asthma, epilepsy, allergies etc.)? | ☐ Yes ☐ No |
| --- | --- |
| If Yes, please specify and provide a medical plan (e.g. asthma, anaphylaxis etc.): | |
|  | |
| Is the student currently on any medication? | ☐ Yes ☐ No |
| If Yes, please specify: |  |

**5. Mother/First Parent/Guardian Details**

| First Name |  | Surname |  |
| --- | --- | --- | --- |
| Relationship to student |  | Mobile phone |  |
| Email |  | | |
| Main Emergency Contact | ☐ Yes ☐ No | | |

**Father/Second Parent/Guardian Details**

| First Name |  | Surname |  |
| --- | --- | --- | --- |
| Relationship to student |  | Mobile phone |  |
| Email |  | | |
| Main Emergency Contact | ☐ Yes ☐ No | | |

**Emergency Contact Details** (only complete if the above parents/guardians are not emergency contacts)

| First Name |  | Surname |  |
| --- | --- | --- | --- |
| Relationship to student |  | Mobile phone |  |
| Email |  | | |

**6. Privacy Collection Notice - Protecting your privacy and sharing information**

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. This includes using the contact information provided if there are any emergencies or medical issues. Residency status is checked to ensure that your child is eligible for funding. Your child’s name, date of birth and mainstream school name/s will be shared with the Department of Education (the Department) to confirm funding eligibility. The information collected will not be disclosed beyond the community language school or the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department’s privacy policy at: <http://www.education.vic.gov.au/Pages/privacy.aspx>

If you have any queries about the handling of your information by the community language school or to correct and update your information please contact the school.

**7. Photography and Video Consent\***

| I give permission for the student’s photograph, or audio-visual material to be used by Croatian School of Language and Culture Melbourne Inc for use such as school newsletters and promotion, parish promotion or advertising material. I acknowledge this may appear on public social media, websites and community newspapers. Student names will not be used unless permission is provided by parents/guardians. | ☐ Yes☐ No |
| --- | --- |

*\*You may withdraw your consent at any time however please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.*

**8. Student Drop-Off and Collection Policy**

The school has the following procedures in place for the safe drop-off and collection of students from school, both during and after normal school hours (9am to 12:30pm).

* All students to be signed-in in the mornings and signed-out at collection.
* If late, the student must be signed in at office and brought to their classroom by parent / guardian.
* If student needs to leave early (eg. sports events), parent/guardian to collect from classroom and sign the student out.
* All parents / guardians to collect students from classroom.
* Where possible, please notify principal and teachers of absences, delays or early pick-up.

**9. Parent/Guardian Privacy Consent and Declaration**

I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form which includes adherence to all policies and procedures.

I consent to:

* the collection of my child’s health and personal information by the community language school for the purposes mentioned in this form;
* the community language school disclosing my child’s personal information contained in this enrolment form (name, date of birth and mainstream school name) to the Department of Education and Training for data verification and funding purposes;
* the Principal or teacher (where the Principal or teacher in charge is unable to contact me) is allowed to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency, in accordance with Victorian privacy law.

| **Name of Parent/Guardian** |  |
| --- | --- |
| **Signature of Parent/Guardian** |  |
| **Date / Datum** |  |

Instructions for submitting this form and declaration via email:

| ☐ I will print, sign, scan and email this form to: [croatianschoolmelbourne@gmail.com](mailto:croatianschoolmelbourne@gmail.com).The email together with this signed document is confirmation of my declaration. | ☐ I will complete this form in MS Word and email it to: [croatianschoolmelbourne@gmail.com](mailto:croatianschoolmelbourne@gmail.com) without the signature. The email together with this document is confirmation of my signature and declaration. |
| --- | --- |

**ENROLMENT FORM DUE 16 March 2024**

If this enrolment form is not submitted prior to the due date, the student may not be guaranteed a spot in class and the student may not be eligible for VDET funding which will result in higher school fees. Please refer to the 2024 School Fees and Payment Details form.