

Application for Enrolment

Deutsche Schule Melbourne



Student details

Family name: _____ Given name: _____

Preferred name: _____ Date of birth: _____

Intended entry year: _____ Date of entry: _____

Sex: Male Female Other / not stated / inadequately described

German knowledge: Fluent Basic No prior knowledge Language/s spoken at home: _____

Residency status: Australian citizen Permanent resident Temporary resident

Australian visa subclass and expiry date (if applicable): _____

Other nationalities: _____ Intended length of stay: _____

Is your child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Religious affiliation: _____

Are there any special parenting agreements or court orders the school should be aware of? Yes No

If yes, please specify and attach court orders. _____

Current kindergarten / school details

Name of kindergarten / current school your child is / was attending: _____

Contact name: _____

Phone: _____ E-mail address: _____

Student VSN (if already enrolled in another Victorian school): _____

Medical details / individual needs / special assessments

Family doctor: _____ Phone: _____

Address: _____

Medicare number: _____ Ambulance cover: _____

Private health care provider and number: _____

It is important that you disclose information relating to your child's learning needs so that the School can plan appropriately and ensure that an adequate program can be offered. You need to provide all relevant documentation and specialist reports that are not more than two years old to the School. Failure to provide this may delay the enrolment process or jeopardise the School's ability to offer your child a place.

Medical Details

Physical and mental health Yes No

Asthma plan Yes No

Anaphylaxis plan Yes No

Allergy plan Yes No

Food intolerance Yes No

Individual Needs Details

Cognitive support Yes No

Sensory support Yes No

Physical support Yes No

Social / emotional support Yes No

Behavioural support Yes No

Literacy support Yes No

Numeracy support Yes No

Specialist support Yes No

Other individual support Yes No

If you have answered yes to any of the above, please provide relevant documentation including doctor reports, management plans, or any professional assessments relating to your child's learning needs.

Application for Enrolment (continued)

Deutsche Schule Melbourne



Family details

	Parent / Guardian 1:	Parent / Guardian 2:
Title:		
Family name:		
Given name:		
Relationship to child:		
Child resides with me:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address:		
Mailing address (if different):		
Phone (provide all) home:		
Mobile:		
Business:		
E-mail address:		
Native language/s:		
Nationality:		
Residency status:	<input type="checkbox"/> Australian citizen <input type="checkbox"/> permanent <input type="checkbox"/> temporary	<input type="checkbox"/> Australian citizen <input type="checkbox"/> permanent <input type="checkbox"/> temporary
Australian visa subclass and expiry date (if applicable):		
Highest school education:	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma-Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma-Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
Highest qualification:	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Occupation:		

Siblings

Do you have other children not currently attending DSM and who you intend to enrol in the future? Yes No

Name: _____ Date of birth: _____

Sex: Male Female Other / not stated / inadequately described

Emergency contact (other than parents or guardians)

Name: _____ Relation to child: _____

Language: _____ Home phone: _____

Mobile phone: _____

Application for Enrolment (continued)

Deutsche Schule Melbourne



Privacy Act

DSM collects personal information, which you are able to access, in accordance with the Privacy Act 1988 (Cth) and the Health Records Act 2001 (Vic) for the purpose of providing schooling for your child.

The personal information may be disclosed to other individuals or organisations in the interests of your child's education. Please refer to DSM's Privacy Policy on www.dsm.org.au for full details on collection, use and storage of the personal information. If you do not wish to supply personal information, DSM may not be able to enrol your child.

How did you learn about DSM?

DSM website Event at school Open Day

Family / Friends (please specify): _____

Media (please specify): _____

Other websites (please specify): _____

Organisations (please specify): _____

Advertisement (please specify): _____

Recommendation (please specify): _____

Other (please specify): _____

Why have you chosen to enrol your child at DSM? (Please tick all applicable boxes)

Bilingual education School's philosophy Staff quality
 Academic focus School's reputation Location
 German heritage School's values Other (please specify): _____

Declaration (both parents / guardians are required to sign the application form)

I / We declare that all information provided in this Application for Enrolment at Deutsche Schule Melbourne is correct as at the date of application and I / we apply to have my / our child enrolled at Deutsche Schule Melbourne.

I / We confirm that I / we have read and understood the Fee Schedule, the Conditions of Enrolment and the Policies of the School as outlined on the website www.dsm.org.au. By signing below, I / we undertake to notify the School immediately of any change of information in this application, particularly any change of address or contact details.

I / We agree that DSM may exchange information about my child with their current kindergarten / school.

By signing this declaration, I / we agree to be bound by the Conditions of Enrolment as outlined on the website www.dsm.org.au, which constitutes a legally binding contract between myself / ourselves and DSM.

Print Name Parent / Guardian 1: _____

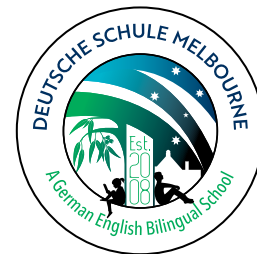
Signature: _____ Date: _____

Print Name Parent / Guardian 2: _____

Signature: _____ Date: _____

Application for Enrolment (continued)

Deutsche Schule Melbourne



Payment details

An application fee of \$120 is payable with the Application for Enrolment.
This fee is neither refundable nor transferable and is no guarantee of admission.

Method of payment: Visa MasterCard American Express

Name on card: _____

Card Number: / / /

Expiry date: / (MM / YY) CVV / CVC:

Signature: _____

Please return the completed application form together with the required documents to us by e-mail to info@dsm.org.au or by post to Deutsche Schule Melbourne, 96 Barkly Street, Fitzroy North, VIC 3068.

Document checklist

Please include copies of the following documents:

- Birth certificate
- Passport (in case of multiple nationalities copy of all passports)
- Australian visa for applicants who are not Australian citizens
- Most recent school report (if applicable)
- Any special assessment reports (if applicable)
- Any medical reports (if applicable)
- Any medical management plans (if applicable)
- Immunisation Status Certificate from Medicare
- Most recent NAPLAN Report (if applicable)
- Copy of family law or other relevant court orders (if applicable)