

Declaration

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 apply to have the above mentioned child enrolled at Deutsche Schule Melbourne – A German International School (DSM).

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; in particular any change of address or contact details.

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.

Signature Parent /Guardian 1 _____

Signature Parent /Guardian 2 _____

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/children.

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

Parent's/Guardian's Checklist

- Copy of Birth Certificate
- Copy of passport(s) in case of multiple nationalities
- Copy of Australian visa, if citizen of a country other than Australia
- Copy of most recent report if entering from another school
- Copy of Certificate of Immunisation
- Registration fee
- Description of medical history and Doctor's report, if applicable

Please indicate any special needs your child may have:

- English as a second language
- German as a second language
- Individual Integration support
- Support in literacy/numeracy
- Other (please specify) _____

Please post this application form together with the required documents to:

Deutsche Schule Melbourne
A German English Bilingual School
96 Barkly Street
North Fitzroy VIC 3068

Please help us to improve our services by completing the following questionnaire!

What prompted you to enrol your child at "Deutsche Schule Melbourne – A German International School"?

- Bilingual, bicultural program
- Relatively low school fees for a private school
- Preserving family culture
- Location
- Other (please specify) _____

How did you learn about DSM?

- From friends/family members
- DSM website (www.dsm.org.au)
- www.Deutscheinmelbourne.net
- Media (The Age, Financial Review, etc)
- Local papers
- SBS
- Childcare Centres / Playgroups
- Organisations (Consulate, Goethe Institute, etc)
- Churches (Trinity, St Christophorus Church)
- Flyer in my letterbox
- Other (please specify) _____

Application for Enrolment

Student details

(Please attach a copy of your child's Birth Certificate and, if citizen of a country other than Australia, a copy of your child's passport and Australian visa).

Family name: _____

Given name: _____

Preferred name: _____

Date of birth: _____ Male Female

Country of birth: _____

Language(s) spoken at home: _____

Religious affiliation: _____

Is your child:

an Australian citizen? Yes No
of another nationality? _____

Australian visa class (if applicable): _____

a permanent resident of Australia? Yes No

a temporary resident of Australia? Yes No

an Aboriginal/Torres Strait Islander? Yes No

Students coming from overseas/interstae

Arrival date in Melbourne: _____

Intended length of stay: _____

Intended year of entry: _____

Grade level at which your child will commence: _____

Current kindergarten or school (if applicable): _____

Address: _____

Does the student have a Victorian Student Number?

Yes – please specify: _____

Yes – but VSN is unknown

No – the student has never been issued a VSN

Parent /Guardian details

Parent/Guardian 1

Title: _____ Family name: _____

Given name: _____

Relationship to the child: _____

Private address: _____

Mailing address (if different to private): _____

Occupation: _____

Phone: _____

Home: _____ Business: _____

Mobile: _____ Fax: _____

Email address: _____

Native language(s): _____

Parent/Guardian 2

Title: _____ Family name: _____

Given name: _____

Relationship to the child: _____

Private address: _____

Mailing address (if different to private): _____

Occupation: _____

Phone: _____

Home: _____ Business: _____

Mobile: _____ Fax: _____

Email address: _____

Native language(s): _____

Child resides with:

Both parents Parent /Guardian 1

Parent /Guardian 2 Other

Are there special access/custody arrangements or court orders the school should be aware of?

No Yes (please specify)

To whom should correspondence be addressed?

Parent /Guardian 1 Parent /Guardian 2

Both

Before and/or after school care

Are you interested in having your child attending before and/or after school care?

No Yes

If yes, please provide "Child Care Benefit" Number, if applicable: _____

Siblings

Does your child have siblings not currently attending DSM and who you intend to enrol in the future?

No Yes (please provide details)

Name: _____

Date of birth: _____

Intended enrolment year _____ grade: _____

Name: _____

Date of birth: _____

Intended enrolment year _____ grade: _____

Medical details

(Please attach copy of Certificate of Immunisation)

Is there a medical history (allergies, disabilities, etc.) of which the school should have a record?

No Yes

If yes, please attach a detailed description (if necessary, please provide doctor's report)

Family's doctor's name: _____

Address: _____

Telephone: _____

Family medicare number (if applicable) : _____

Ambulance member: No Yes

(If yes, please provide member number) : _____

Emergency contacts

(other than parents/guardians)

Name: _____

Address: _____

Home phone: _____

Business phone: _____

Mobile: _____

Relationship to child: _____

Name: _____

Address: _____

Home phone: _____

Business phone: _____

Mobile: _____

Relationship to child: _____

Payment details

An application fee of \$300 is payable with an application for enrolment. This fee is neither refundable nor transferable, and is no guarantee of admission.

Method of payment

Cash (do not post) Cheque

Electronic Funds Transfer to:

Account Name: Deutsche Schule Melbourne Inc.

Swift Code: BENDAU3B

BSB: 633 000

Account Number: 129 719 340

(Please include your child's name as payment reference)

A receipt/tax invoice will be issued in due course as confirmation of payment.