

Application for Enrolment

To enrol, return this completed form and all required documents to us by email to info@dsm.org.au or post to Deutsche Schule Melbourne, 96 Barkly Street, Fitzroy North, VIC 3068.



Student Details	
Family Name:	Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Given Name(s):	Other nationality(-ies):
Preferred Name:	Australian Visa subclass (if applicable):
Date of Birth:	Resident of Australia: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Overseas students: Intended length of stay:
Country of Birth:	Aboriginal/Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No
German language: <input type="checkbox"/> mother tongue <input type="checkbox"/> learning	Religious Affiliation:
Language(s) spoken at home:	Name of kindergarten attended:

Year of entry (children need to be 5 on 1 January of the Foundation Year): _____

Grade level at which your child will commence: _____

Parent/Guardian Details		
Details	Parent/Guardian 1	Parent/Guardian 2
Title:		
Family Name:		
Given Name:		
Relationship to child:		
Residential guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address:		
Mailing address (if different)		
Phone: - Home - Mobile - Business		
Email address:		
Native language(s):		
Qualification:		
Occupation:		
Are there any special custody arrangements or court orders the school should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify):		

Family Doctor	
Name:	
Phone:	
Address:	
Family Medicare number:	Private health insurance provider & number :
Ambulance member	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide member number:

Medical Details / Special Needs (if applicable)					
Is there a medical history of which the school should beware of? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please indicate whether the student applying for enrolment has any known or suspected special needs.					
Medical Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Educational Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies (anaphylactic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies (non-anaphylactic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intellectual Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Intolerance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Special Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes to any of the above, please provide a doctor's report.					

Before and/or After School Care

Are you interested in having your child attend before and/or after school care? No Yes

Siblings

Does your child have siblings not currently attending DSM and who you intend to enrol in the future? No Yes

Details	Sibling 1	Sibling 2
Date of Birth:		
Intended Enrolment Year:		

Emergency Contact (other than parents/guardians)

Name:	Home Phone:
Address:	Mobile phone:
Relation to child:	Business Phone:

Payment Details

An application fee of \$120 is payable with an application for enrolment. This fee is neither refundable nor transferable, and is no guarantee of admission. Methods of Payment:

<input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard / <input type="checkbox"/> American Express: Name on Card: Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __ (MM/YY) CVV/CVC: ____ Signature: _____	<input type="checkbox"/> Electronic Funds Transfer to: Account Name: Deutsche Schule Melbourne Inc. Swift Code: BENDAU3B BSB: 633 000 Account Number: 1297 19340 Please include your child's name as payment reference. Thank you.
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Parent's/Guardian's Checklist

Please attach the following documents:

<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Copy of most recent school report if coming from another school
<input type="checkbox"/> Copy of passport(s) in case of multiple nationalities	<input type="checkbox"/> Description of medical history and doctor's report, if applicable
<input type="checkbox"/> Copy of Australian visa, if citizen of a country other than Australia	<input type="checkbox"/> Application fee

Declaration

<p>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 English Bilingual School (DSM).</p> <p>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.</p>	<p>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.</p> <p>Signature Parent /Guardian 1 _____</p> <p>Signature Parent /Guardian 2 _____</p> <p>Dated _____</p>
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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.

How did you learn about DSM?

<input type="checkbox"/> DSM Website	<input type="checkbox"/> Internet (Please specify):
<input type="checkbox"/> Media (Please specify):	<input type="checkbox"/> Family/friends
<input type="checkbox"/> Other (Please specify):	<input type="checkbox"/> Organisations (Consulate/Goethe Institut/etc.):