

ES07C: “Trial” Lesson Enrolment Form

Applicable to Community Language Schools SA and all member schools.

(This form is for the purpose of a student attending the community language school on a “trial” basis.
This form relates to **one day** only of attendance.
A **new** form is required for each ‘trial’ day of attendance)

Name of School: Adelaide Japanese Community School

Venue of School: Rose Park Primary School

Date of “Trial”:

Student Details					
Surname		Given Name			
Date of Birth		Gender			
Home address					
Parent 1 Details					
Name					
Relationship to Student					
Mobile Phone					
Parent 2 Details (optional)					
Name					
Relationship to Student					
Mobile Phone					
Emergency Contacts					
<i>If parents cannot be contacted or unable to collect students, the Ethnic School should contact:</i>					
Name					
Relationship to Student					
Mobile Phone					
Medical Information					
Does your child have a diagnosed medical condition which might need first aid? Please circle					
Severe allergies	Anaphylaxis	Food Intolerance	Asthma	Joint Condition	Heart Condition
Seizures/Epilepsy	Diabetes	Visual Impairment	Hearing Impairment	Other:	
Declaration and Consent					
I/we consent to the staff at this school seeking or where appropriate administering any first aid or medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I/we will reimburse any expense incurred by the school should this happen.				Yes	No

I/we consent to our child participating in regular activities conducted by the community language school on the date showing above . We understand all activities will be on the school's regular site and we will be contacted for approval regarding any irregular or off-site activities .	Yes	No
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By signing below, you declare that you have been made aware and will abide by the policies of the school. You also declare that the information provided by you in this enrolment form is true and correct.

Signature of Parent 1		Date	
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Signature of Parent 2 (optional)		Date	
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Name of School Principal (Please Print)	Takaaki Toden
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Please note: *The community language school may not be able to accept students who require extensive support without your assistance. Ambulance and medical costs, if applicable, remain the responsibility of the parent/guardian.*

<p>Privacy Disclaimer</p> <p>The school acknowledges and respects the privacy of its community. By completing this form, you have consented to this information being collected. The intended recipients of this information are the school and Community Language Schools SA if/when applicable. The information collected will not be released for any form of commercial gain and will be maintained in a secure location as per the requirements of the <i>Privacy Act 1988</i>.</p>
