# *ASSOCIAZIONE CULTURALE L'AURORA*

## *2027*

## *ENROLMENT FORM*

### *Student Details*

***Note:*** *It is important that student details match those held at the student's mainstream school so that the community language school can receive government funding.*

Family name: _____

First name: _____

Middle name(s): _____

Date of birth: _____/ _____/ _____ Male ☐ Female ☐ Other ☐
*dd mm yyyy*

Home Address: _____

Suburb: _____ Postcode: _____

Student's mainstream school name: _____

Student's mainstream year level: _____

Victorian Student Number (VSN) (where known)*: _____
**The VSN is a nine-digit number*

Year in which you are seeking to enrol this student at the CLS:

| Foundation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

### *Student Australian Residency Status*

Australian citizen/Permanent resident ☐ Fee-paying international student ☐

Other ☐ If Other, please specify: _____

## *Parent/Guardian Details*

Name of Parent/Guardian: _____

Relationship to student: _____

Work phone: _____

Mobile phone: _____

Email: _____

Name of Parent/Guardian: _____

Relationship to student: _____

Work phone: _____

Mobile phone: _____

Email: _____

## *Emergency Contact Details* *(only complete if different from parent/guardian details)*

Emergency contact name: _____

Relation to student: _____

Emergency contact phone: _____

## *Medical Information*

Does your child 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 your child currently on any medication?

Yes ☐ No ☐

If Yes, please specify:

_____

## *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 Department of Education privacy policy | vic.gov.au

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.

## *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. 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 for data verification and funding purposes

I understand that the Principal or teacher (where the Principal or teacher in charge is unable to contact me) is allowed to disclose 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: _____/ _____/ _____
*dd* *mm* *yyyy*

## *Photographing, Filming and Recording Students at Associazione Culturale L'Aurora*

### *Annual Consent Form and Collection Notice*

During the school year, there are many occasions and events where staff may photograph, film, or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement or to communicate with our parents and school community.

This notice applies to photographs, videos, or recordings of students that are collected, used, and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming, or recording students at school events (e.g. concerts, sports events, etc) do so respectfully and safely and that any photos, video, or recordings ("images") of students are not publicly posted (e.g. to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact the community language school.

I consent to my child being photographed or audio/visually recorded participating in class or school activities for the use and purposes of sharing

- with other families in the school that will only be sent to school families in my child's class.
- in the school newsletter.
- on the school website, in CLS marketing, or on CLS social media sites.

Please select one of the two options:

☐ I ***agree*** to the community language school using photos, videos, or recordings of my child as described above.
☐ I ***do not agree*** to the community language school using photos, videos, or recordings of my child as described above.

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.