

Application for Enrolment



Deutsche Schule Melbourne

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: _____ Given name: _____

Preferred name: _____ Date of birth: _____

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 Temporary

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: _____

Name of kindergarten your child is / was attending: _____

How many days and hours does / did your child go to kindergarten? _____

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

Parent / Guardian details

	Parent / Guardian 1:	Parent / Guardian 2:
Title:		
Family name:		
Given name:		
Relationship to child:		
Child resides with me:	Yes / No	Yes / No
Residential address:		
Mailing address (if different):		
Phone: Home Mobile Business		
Email address:		
Native language/s:		
Nationality:		
Residency status:	Australian Citizen / Permanent / Temporary	Australian Citizen / Permanent / Temporary
Australian visa subclass and expiry date (if applicable):		
Highest school education:	Year 12 or equivalent / Year 11 or equivalent Year 10 or equivalent / Year 9 or equivalent or below	Year 12 or equivalent / Year 11 or equivalent Year 10 or equivalent / Year 9 or equivalent or below
Highest qualification:	Bachelor degree or above / Advanced diploma/Diploma / Certificate I to IV (including trade certificate) / No non-school qualification	Bachelor degree or above / Advanced diploma/Diploma / Certificate I to IV (including trade certificate) / No non-school qualification
Occupation:		



Application for Enrolment (continued)

Are there any special custody arrangement or court orders the school should be aware of?:
Yes / No If yes, please specify and attach court orders

Medical details / Individual needs

Family doctor: _____ Phone: _____

Address: _____

Medicare number: _____ Ambulance cover: _____

Private health care provider and number: _____

Please indicate whether your child applying for enrolment has any known or potential individual needs. This information will help DSM take all reasonable steps to ensure that your child is able to access and participate in education on the same basis as other students.

Medical support	Yes / No	Cognitive support	Yes / No
Asthma plan	Yes / No	Sensory support	Yes / No
Anaphylaxis plans	Yes / No	Physical support	Yes / No
Allergy plans	Yes / No	Social / emotional support	Yes / No
Food intolerance	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.

Siblings

Does your child have siblings 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: _____

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.

Method of payment: Visa MasterCard American Express

Name on card: _____

Card Number: / / /

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

Signature: _____



Application for Enrolment (continued)

Parent / Guardian's checklist

- Copy of birth certificate
- Copy of passport (in case of multiple nationalities copy of all passports)
- Copy of Australian visa for applicants who are not Australian citizens
- Copy of most recent school report (if applicable)
- Copy of medical reports (if applicable)
- Application fee

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 apply to have our child enrolled at Deutsche Schule Melbourne – A German English Bilingual 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: _____

Date: _____

Signature Parent / Guardian 2: _____

Date: _____

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 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.

How did you learn about DSM?

- DSM website
- Event at school
- Open Day
- Family / Friends

Media (please specify): _____

Other websites (please specify): _____

Organisations (please specify): _____

Advertisement (please specify): _____

Recommendation from (please specify): _____

Other (please specify): _____

Connections to DSM

Do you have any current connections to DSM? Please specify: _____

Name and relationship: _____

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

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

OFFICE USE ONLY

Application received: _____

Application fee received: _____

All documents received: _____

Comment: _____
