



Enrolment Procedures May 2017

Summary

This information applies to all Ethnic Schools of South Australia.

Table 1: Document Details

Policy Number	ES07
Related Policies	Data and Information Management Policy Student Code of Conduct Medication and First Aid Policy
Version	1
Created by	Policy Officer - Kate Quane
Reviewed by	Executive Officer – Darryl Buchanan
Applies to	Ethnic Schools South Australia
Key Words	Enrolment; cancelling of enrolment; emergency contacts; photographs; family court orders; short walk excursion consent.
Status	Approved
Approved By Executive	ESASA Executive Committee
Approval Date	29 th May 2017
Review Date	April 2018

Table 2: Revision Record

Date	Version	Revision Description
November 2016	1	New policy developed
February	1.1	Addendum to parents responsibility regarding signing form



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The Ethnic Schools Association
of South Australia Inc.

HUNGARIAN COMMUNITY SCHOOL, ADELAIDE INC.

Introduction

Hungarian Community School, Adelaide Inc. has outlined the following procedures and responsibilities regarding the enrolment of a student at the school. An enrolment form is required from each student attending Hungarian Community School, Adelaide Inc. each year. A new enrolment form is required annually.

Procedures

Each family wishing to enrol their child/children at Hungarian Community School, Adelaide Inc. will be invited to visit the school. The Principal will spend time showing the family the school, explaining how it functions, the policies, communication procedures and answer any questions they may have.

On enrolment parents are required to nominate two parties, who are not the parent, who have authority to be contacted in an emergency if staff are unable to contact the parents.

All children must be enrolled before they can commence their studies at Hungarian Community School, Adelaide Inc. Enrolment forms must be duly completed and returned signed by the parents or guardians. Once Hungarian Community School, Adelaide Inc. has received a completed enrolment form, teachers will determine the level of student competence and assign students to their respective classes.

Currently Hungarian Community School, Adelaide Inc. charges \$40 (Kindergarten) / \$60 (Primary) / \$80 (Secondary) / \$340 (Interstate) per student. The school committee will decide the amount of school fees and whether this policy should be changed at the annual general meeting.

For any given year Hungarian Community School, Adelaide Inc. may restrict enrolments depending on the availability of teachers, staff and volunteers. If enrolment is unavailable, students will be put on a wait list and will be notified if a vacancy at the school becomes available.

Students with Special Needs

Hungarian Community School, Adelaide Inc. will consider all enrolments and will endeavour to meet the physical, social, emotional and intellectual needs of all students. If a child has special requirements, the Principal will meet with the prospective family to discuss how the school can accommodate the needs of the child. All efforts will be made to accommodate students with special needs. If the school cannot meet the needs of prospective students, the school has the right to refuse enrolment to any student(s).

Cancelling of Enrolment

Hungarian Community School, Adelaide Inc. requires one week notice if a parent wished to withdraw their child or children from the school. Parents are required to contact the Principal if they are no longer interested in having their child enrolled at Hungarian Community School, Adelaide Inc.

Responsibilities

It is the responsibility of the Principal to:

- Ensure all families have received and completed the enrolment package



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- If they are made aware of any changes in family circumstances or court orders, to update any records and inform all parties concerned
- Ensure that all documentation with personal information is stored securely and safely as per the requirements of the Privacy Act
- Ensure that any information that is collected upon enrolment not be released for any form of commercial gain as per the requirements of the Privacy Act

It is the responsibilities of the parents to:

- Complete the Student Enrolment Form accurately
- Inform Hungarian Community School, Adelaide Inc. if the contact details change and that the school has an accurate contact number for all emergency contacts including parents/guardians at all times.
- Provide up-to-date and accurate information about medication and health issues
- If a student has a medical issue, a medical action plan must be provided to the school
- Inform the school of any changes to any existing family court orders or if a family court order is taken out
- To read, physically signed (no e-signatures or typed signatures will be accepted) and return to the school the following policies
 - Declaration
 - Enrolment Form
 - Acceptable use of Information and Communication Technology
 - Code of Conduct for students
 - Permission to Give Food Treats

Other Relevant Documents

Privacy Act 1988



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Declaration

I/we, _____

PRINT FULL NAME/S

As a person/people who has/have lawful authority of the child referred to in this enrolment form for Hungarian Community School, Adelaide Inc.:

- Declare that the information in this enrolment form is true and correct and endeavour to immediately inform the school in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Consent to the staff at this school seeking or where appropriate administering any 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 will reimburse any expense incurred by the school should this happen.
- Consent to the staff administering medication if so requested by me in writing using the appropriate medication authority form, (but recognise all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; and any written instructions provided by a registered medical practitioner).
- Agree if an emergency occurs, the Nominated Supervisor or other staff may administer emergency first aid and call an ambulance without making contact with me, and acknowledge staff will notify me as soon as possible.
- Authorise for the Nominated Supervisor or other staff at the service to administer general first aid products as per the manufacturer's recommendations.
- Authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature if staff have been unable to organise someone to collect the child, or when the person collecting the child will take longer than staff believe is a safe time frame.
- Declare that I have been made aware of the school's policies and will abide by those policies.
- Agree to notify the school as soon as possible if my child will be absent.
- Agree to giving two weeks written notice to withdraw my child from the school
- Give consent for my child to participate in any incursions the school may organise, where people share their skills, knowledge, experience, etc. with the students.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Privacy Disclaimer

The school acknowledges and respects the privacy of its community. The information that is being collect by the school is to process your enrolment. By completing this form, you have consented to this information being collected. The intended recipients of this information are the school, The Ethnic Schools Association of South Australia Inc. and for interaction with the Government of South Australia who provide funding to ethnic schools. 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 Privacy Act. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the school's record management policy. The contact information of students will be shared publicly only when the express permission is given to the Ethnic Schools Association of South Australia to do so or under mandatory reporting requirements.



HUNGARIAN COMMUNITY SCHOOL, ADELAIDE INC.

Student Enrolment Form 2017

Student Details

Surname: _____ Given Name(s): _____

Place of Birth: _____

(Town/State/Country)

Date of Birth: ____/____/____ Age: _____ Sex: Male / Female

Home address: _____

Suburb: _____ State: S.A Postcode _____

Contact Phone: _____ Work: _____

Email: _____

Postal address (If different from above) _____

_____ State: _____ Postcode: _____

Language/s spoken at home: _____

Language taught at ethnic school: _____

Mainstream School Details (Mainstream school is the school attended on weekdays)

Mainstream school where the student is enrolled: _____

Address: _____ Suburb: _____

Student's Year Level _____ Teacher _____

Is this student an overseas full-fee paying student? Yes No

Parent Details

Parent 1

Mr/Mrs/Miss/Other: _____ Surname: _____

Given Name(s): _____

Sex: Male/Female Relationship to student: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Home address: _____

Suburb: _____ State: _____ Postcode _____



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Parent 2

Mr/Mrs/Miss/Other: _____ Surname: _____

Given Name(s): _____

Sex: Male/Female Relationship to student: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Home address: _____

Suburb: _____ State: _____ Postcode _____

Emergency Contacts: If parents or guardians cannot be contacted or unable to collect students, the School should contact:

Person 1

Name: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Person 2

Name: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Medical Information (Please include medication needed to be taken at school)

Does your child have a diagnosed medical condition which might need first aid? Yes No

If yes, please circle relevant conditions:

Severe allergies	Anaphylaxis	Food Intolerance	Asthma	Joint condition
Heart condition	Seizures	Diabetes	Visual Impairment	Hearing Impairment

Other (specify) _____

Does your child have any known food intolerances? (e.g. lactose intolerance, gluten intolerance)

Yes No

If yes, please provide details:

Does your child need extra routine health support? (e.g. Support with medication management, continence care, psychiatric issues) Yes No

If yes, the school will need a health care plan from the treating doctor/health professional.



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Is the plan attached? Yes No

Family Court Orders

Are there any current Court orders relating to this student? Yes No

If yes, please attach a copy of the order for the school's records.

If circumstances change, please inform the school immediately.

Details: _____

This consent overrides any previous notification received

Photographs

There are times when children may be photographed or filmed: e.g. special events, newspaper articles, television news items.

I give permission for my child to be filmed or photographed and for photos to be used for non-profit promotional purposes Yes No

I consent to my child's name as indicated below in the school newsletter/website for an undefined period of time Yes No

Surname Given Name(s)

Parent/Caregiver Signature: _____ **Date:** _____

Parent/Caregiver Name: _____

Short Walk Excursion Consent

From time to time teachers need to take classes on short local walks as part of their educational program. It would be most convenient and economic for us and possibly you as parents/caregivers if you give permission for these walks to take place at any time during the year in which your child is at this school. It is understood that in extreme heat or inclement weather conditions, such walks would not take place.

Major excursions involving the use of transport or whole day activities are not included in this consent. For each excursion involving financial cost a separate notice will be given and separate consent forms.

I _____ give permission for my child
_____ to go on short walk excursions with their
teacher.

Signature: _____ Date: _____



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(Please Print)

I CERTIFY THAT THIS IS THE ONLY ETHNIC SCHOOL THE STUDENT ATTENDS

TO LEARN _____ (Name of language)

OR MY CHILD IS ALSO ENROLLED AT _____

TO LEARN _____ (Name of language)

**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED
IN THIS FORM AND AS STATED ABOVE IS CORRECT.**

Signature of Parent 1

Signature of Parent 2

Name of enrolling *Father/Mother/Guardian* _____

(Please Print)

Date

Please note: The ethnic 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.

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