



Adult Student Enrolment Form - 2025
(For students enrolling who are over 18 years of age)

Student Details

Surname: _____ **Given Name(s):** _____

Place of Birth: _____
(Town / State / Country) - optional

Date of Birth: ____/____/____ **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: _____

Emergency Contact

Name: _____ **Phone:** _____

Photographs

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

I give permission to be filmed or photographed and for these photos / films to be used for non-profit promotional purposes Yes No

I consent to my name to be included in any such promotional purpose Yes No

Signature: _____ **Date:** _____

Privacy Disclaimer

The Hungarian Community School acknowledges and respects the privacy of its community. The information that is being collected is to process your enrolment. By completing this form, you have consented to this information being collected. The intended recipient of this information is solely the management of the Hungarian Community School.

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 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 express permission is given to the Hungarian Community School to do so or under mandatory reporting requirements.

By signing this document, you acknowledge that you have been made aware that the School's policies are located on the School's website: http://hungarianschooladelaide.org.au/html_eng/school_policies.html