Hungarian Community School Adelaide Inc.

PO Box 255 Unley SA 5067 Web: www.hungarianschooladelaide.org.au

Student Enrolment Form 2025

Student Details							
Surname:				**Given Name:**			
Middle Name:				**Place of Birth**			
Date of Birth	____/____/____	**Age**		**Gender**			
Home address							
Suburb		**State**	SA	**Postcode**			
Postal Address							
Home Phone		**Work Phone**		**Mobile Phone**			
Email							
Language/s spoken at home							

2025 Mainstream School Details (Mainstream school is the school attended on weekdays)					
School Name		**Suburb**			
School Address					
Student's Year level		**Is this student an overseas full-fee paying student?**		Yes	No

Parent Details					
Parent 1					
Mr/Mrs/Miss/Other		**Name**			
Relationship to Student		**Gender**			
Home Phone		**Mobile Phone**			
Work Phone		**Email**			
Home Address					
Suburb		SA	**Postcode**		

Parent Details					
Parent 2					
Mr/Mrs/Miss/Other		**Name**			
Relationship to Student		**Gender**			
Home Phone		**Mobile Phone**			
Work Phone		**Email**			
Home Address					
Suburb		SA	**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

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:**	

***For any condition a separate Medical Management Form is required*. Does your child need extra routine health support?** (e.g. support with medication management, continence care, psychiatric issues)	Yes	No

Family Court Orders

Are there any current Court orders relating to this student? *If yes, please attach a copy of the order for the school's records.* **If circumstances change, please inform the school immediately.**	Yes	No

Details:

Declaration and Consent – please circle Yes or No for each statement.		
I/we agree to delegate my/our authority to online supervising school staff. Such supervising staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.	Yes	No
In the event of an accident or illness and contact with me/us being impracticable or impossible, I/we authorise school staff to arrange whatever medical or surgical treatment a registered medical or dental practitioner, hospital or ambulance service (including transport to a hospital) considers necessary. I/we will pay all ambulance, medical and dental expenses incurred on behalf of my/our child.	Yes	No
I/we agree to notify the school as soon as possible if my child will be absent.	Yes	No
I/we agree to give two weeks written notice to withdraw my child from the school.	Yes	No
There are times when children may be ***photographed*** or ***filmed*****:** e.g. special events, newspaper articles, television news items**. I/we give permission for my/our child to be filmed or photographed and for photos to be used for non-profit promotional purposes.**	Yes	No
I/we consent to my child's name in the school newsletter/website for an undefined period of time	Yes	No
I certify that this school is the only Hungarian/Magyar School my child attends. **Or** *(if applicable)* my child is also enrolled at _____	Yes	No

I declare that to the best of my knowledge the information contained in this form as stated above is correct.

By signing below, you also declare that the information provided by you in this enrolment form is true and correct and that you will inform the school of any changes to this information as it occurs. You also accept that you have got verbal basic information on the operation of the school.

Signature of Parent 1		**Date**	
Signature of Parent 2 *(not compulsory)*		**Date**	
Name of Person Enrolling the student (Please Print)			

STUDENT's 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 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 School to do so or under mandatory reporting requirements.

Form created on the base of the Enrolment Form of Ethnic School Association SA 2019 https://www.esasa.asn.au/
Disclaimer of the Hungarian Community School Adelaide Inc. : When students enrol via this form you must acknowledge that the students enrolled here are not covered by Ethnic Schools Association SA insurance.