

Boarding director email:

2024 Student enrolment application form

Please complete ALL sections and email the form to SCL.Enrolments@det.nsw.edu.au

Office use only								
Approved:	Comments:							
Student details								
First given name:								
Other given names:								
Family name:								
Preferred name:								
ERN number:			_ NESA nu	mber:				
Student mobile:			_ Date of b	irth:	/	/		
Student school email:								
Alternative email:								
Student gender:	Male 🗆	Female 🗆	Other 🛛					
2024 student grade:	Year 7 🛛	Year 8 🛛	Year 9 🛛	Year 10 🛛	Year 11 🛛	Year 12 🛛		
School details								
School name:								
School email:								
School SCL coordinator name:								
School SCL coordinator	email:							
Student is a boarder:	Yes 🗆	No 🗆	lf yes, please	provide the foll	owing informa	ition:		
Boarding director name):							

Permission to publish

The College would like to publish information, including photos and videos, of the student for the purposes of
sharing their experience and informing the broader community, in communications including but not limited to
the College newsletter and social media accounts. This permission remains effective until the College is advised
otherwise.

I have read the above information and:

Yes, I give permission to publish \Box No, I do NOT give permission to publish \Box

Course details								
Language requested:								
If the student is applying for Year 11 or 12 Chinese, Japanese or Korean, please specify which course: Refer to the eligibility criteria for Stage 6 language courses on the NESA website.								
[Language] Continuers 🛛 [Language] in Context 🗆 [Language] and Literature 🗆								
If the student is i	n Year 11 o	r 12, please provide	the follow	wing information:				
Does this course o	count towa	ards your minimum	number o	of units studied in 2	2024?	Yes 🗆 No		
Secondary College of Languages campus Please indicate which campus the student will attend. Note, each campus offers a different selection of language courses. Students must study at the campus which offers the requested course, closest to their home.							anguage	
Arthur Phillip		Ashfield Boys		Bankstown Girls		Birrong Girls		
Chatswood North		Chatswood South		Kogarah		Liverpool Boys		
Liverpool Girls		Merewether		Petersham				
Smith's Hill		Strathfield Girls		The Hills Sports				

Connection to language

Is the requested language spoken at home:	Yes 🗆 Sometimes 🗆 No 🗆				
Previous study/ knowledge of the language:	Primary School 🛛 High school 🖾 Community school 🗆				
If the language was spoken overseas, which country:					
If the language is not spoken at home, what connection do you have with the language?					

Parent/carer 1 details							
Title:	Mr 🗆 Mrs 🗆 Ms		Miss 🗆 Dr 🗆				
Given names:							
Family name:	Family name:						
Gender:	Male 🗆 Female 🗆	Ot	ther 🗆				
Relation to student:							
Is this person the primary contact: Yes 🛛 No 🗆							
Is this person the eme	rgency contact on Saturday: Y	Yes	□ No □				
Street address:							
Suburb:			Postcode				
Does the student reside at this address: Yes 🗆 Sometimes 🗆 No 🗆							
Mobile phone: Home phone:							
Email address:							

Parent/carer 2 det	tails					
Title:	Mr 🗆 Mrs 🗆 Ms 🗆 Miss 🗆 Dr 🗆					
Given names:						
Family name:						
Gender:	Male 🗆 Female 🗆 Other 🗆					
Relation to student: _						
Is this person the prima	Is this person the primary contact: Yes 🗆 No 🗆					
Is this person the emerg	gency contact on Saturday: Yes 🗆 No 🗆					
Street address:						
Suburb:	Postcode					
Does the student reside	e at this address: Yes 🗆 Sometimes 🗆 No 🗆					
Mobile phone:	Home phone:					
Email address:						

Medical details and student suppor	Medica	details	s and st	tudent	suppor
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Allergies and anaphylaxis (including insect stings, drugs, latex, food or other)								
Student has an allergy:		Y	es		No			
If yes, please specify:								
Is this a severe allergy (anaphylaxis):		Y	es		No			
Student has been presc	ribed an EpiF	Pen: Ye	es		No			
Student has an ASCIA A	ction Plan:	Ye	es		No		If yes, please attach a copy.	
Asthma								
Student has asthma		Y	es		No			
Student carries an inhal	er	Y	es		No			
Student has an ASTHMA	A Action Plan:	: Ye	es		No		If yes, please attach a copy.	
Medical conditions of Please tick if the studen					axis a	and a	asthma	
Autism		Physica					Vision/hearing impairment	
Diabetes		Epilepsy	/				Behaviour disorder	
Difficulties in learning		Acquire	d bi	rain inju	ıry		Mental health disorder	
Other (please specify)								
If required, please provi	de further de	tails of th	ie st	udent's	s med	ical c	ondition:	
Behaviour and risk a	ssessment							
Is there anything in the student's history or circumstances (including medical history not listed above) which might pose a risk of any type to this student, other students, or staff at this school?								
Yes 🗆 No 🗆		lf yes, p	leas	se provi	de de	etails:		

Medical details and student support (continued)

Student support plans

Please indicate whether the student has any of the following in place at their school:

Learning Support Plan:	Yes	No	
Behaviour Support Plan:	Yes	No	
Individual Health Care Plan:	Yes	No	
Disability provisions:	Yes	No	

If yes to any of the above, please attach a copy of their plan to this application. Applications will NOT be accepted without relevant plans attached.

Special circumstances

If there are any special circumstances about the student that the Secondary College of Languages should be made aware of, please provide details:

Residency status

Residency status:	Australian citizen		ermar	nent resident		Temporary vis	a holder		
If the student is a permanent or temporary visa holder, please provide the following information:									
Current visa sub-clas	SS:			Visa expiry d	ate:	/	/		_
Fee-paying internati	onal student: Yes	🗆 No		Aboriginal o	r Torres S	Strait Islander:	Yes 🛛	No	
If the student was born overseas, please provide the following information:									
Country of birth:				Year arrived	in Austra	alia:			
Attach documents:	Passport 🛛	Visa 🛛	I	mmiCard 🗆]				

Application will NOT be accepted for permanent residents or temporary visa holders without at least TWO of the above documents attached.

Appendices

If applying late (after 2 March 2024) please attach:	Appendix 1 – Late Enrolment	
If applying for Chinese, Japanese or Korean Continuers, please attach:	Appendix 2 - Continuers	
If applying for Chinese, Japanese or Korean in Context, please attach:	Appendix 3 – In Context	
If applying for a Year 12 course, please attach:	Appendix 4 – RPL	
If applying for Acceleration, please attach:	Appendix 5 - Acceleration	

Student declaration

Conditions of enrolment

- The student must attend classes on time each Saturday, complete all homework tasks and actively engage in the course to meet NESA requirements.
- The student must complete relevant assessment tasks in line with NESA requirements and the assessment policies of the Secondary College of Languages.
- The student may be required to purchase learning materials, such as a dictionary.
- The student may be required to use online learning technology to engage in their language study.
- The student and parent/carer's emails will be used by the Secondary College of Languages to send information or work that is directly related to the College and the student's language studies.
- Parents/carers must follow the Parent/Carer and Visitor Code of Conduct which can be found on the College website.

I understand and accept the above conditions of enrolment.

Student name:	Signature:	
Parent/carer name:	Signature:	

After signing and completing all above sections of this form, please hand the application to the student's weekday school, along with any appendices and supporting documentation. The school is responsible for completing the remaining information and submitting the form to the Secondary College of Languages.

School declaration

The language requested is the student's background community language.

This language will not be taught at the weekday school in 2024 in the year group and course requested.

The weekday school accepts responsibility for entering the student with NESA as a candidate for the 100 hours or 200 hours course, Preliminary or Higher School Certificates course, using the online entry codes for the Campus where the student is enrolled.

The weekday school will notify the Secondary College of Languages of any student history or any arising circumstances known to them which may pose a risk of any type to the student, other students, or staff at the College, including any severe allergies, medical conditions, behavioural conditions, history of violence, or wellbeing concerns.

The weekday school will provide a SCL Coordinator who will:

- be contactable during the week via email
- respond to enquiries and provide advice regarding the student
- regularly follow up students on the school's LMS 'Millennium'
- follow up any concerns raised by the student's Secondary College of Languages Campus Executive The weekday school guarantees that, to the best of their knowledge, the information contained in this application is accurate, and any changes will be communicated to the Secondary College of Languages.

SCL Coordinator and Principal must sign and stamp the declaration on page 7.

School declaration (continued)	
I understand and accept the declaration and conditions of enrolment on page 6.	
SCL Coordinator signature:	
Principal name:	
Principal signature:	
School stamp:	
Date signed:	///

Checklist for submitting this enrolment form

Attention: SCL Coordinator

The SCL Coordinator at the student's weekday school is responsible for ensuring that the following has been completed. Please note that enrolment forms that are incomplete, illegible, or incorrectly completed will be returned to the weekday school. In these cases, the student's enrolment will not progress until an amended form has been received by the Secondary College of Languages.

ALL sections of this form have been completed correctly and legibly, including signatures.

The student has supplied correct details for at least one emergency contact (page 3).

Residential status documents (including Passport and Visa and/or ImmiCard) for permanent/temporary residents have been attached.

Required appendices/supporting documentation (page 5) have been completed and attached.

Coloured copies of student plans (page 5) have been attached where necessary.

The school principal has read, signed and stamped the school declaration (page 7).

Submitting this enrolment form

The student's weekday school is responsible for emailing this form, and any required appendices and supporting documentation, to the Secondary College of Languages. The form should be sent as a single PDF with the student's full name as the file title. Only PDF documents sent from a school or teacher email address will be processed. If sending a form directly from a scanner, please include an email subject with the student's full name.

Email forms to: SCL.Enrolments@det.nsw.edu.au