



PO Box 255 Unley, South Australia, 5061

## Hungarian Community Language School Adelaide Enrolment form 2026

Student Details				
Surname/Last name*:		Given Name/First Name*:		
Middle Name:		Informal Name:		
Gender*:	Date of Birth*:	Age*:		
Home Address*:		Suburb*:	State*:	Postcode*:
Country of Birth*:		Languages Spoken at Home*:		

Students over 18
Parent or Student Mobile Number :
Email:

Community Language School Details		
School Name*		
Language*:		
Has this student attended this language school before? *	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	How many years:	
Did this student attend this community school last year? *	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Mainstream School	
School Name*:	Year Level*:

Medical Information			
Does your child have a diagnosed medical condition which might need first aid? *			
<input type="checkbox"/> Allergic reaction / anaphylaxis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Seizures / epilepsy	<input type="checkbox"/> Other		
If ticked yes to any, please provide details:			



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### Student Support

*If you answer yes to any questions below, you may be sent a request for additional information.*

Are there any special circumstances about the student seeking to be enrolled that the school should know prior to enrolment? \*

*(e.g., living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state).*

Yes:  No:

Does the student need support for learning or disability? \*

Yes:  No:

### Parent Details

#### Parent 1

Full name*:	Relationship to student*		
Email*:	Mobile Phone*:		
Postal Address*:	Suburb*:	Postcode*:	State*:

#### Parent 1

Full name:			
Email:			
Postal Address:	Suburb:	Postcode:	State:

### Emergency Contacts

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

#### Person 1

Name*:	Contact Phone*:
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#### Person 2

Name:	Contact Phone:
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## Declaration and Consent

Please read each statement and tick Yes or No.

Supervision and Behaviour: I agree that Community Language School staff will supervise the student during classes and activities. Staff may take reasonable action, within school policies, to support safety and good behaviour.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Medical Treatment: If the student becomes sick or injured and the school cannot contact me, I give permission for Community Language School staff to arrange medical or dental treatment that a doctor, hospital, or ambulance service says is necessary. I agree to pay any medical, dental, or ambulance costs.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Medication: I give permission for staff to give the student medication only when I provide written instructions using the correct Medication Authority form. All medication must: <ul style="list-style-type: none"> <li>- be prescribed by a doctor</li> <li>- be in the original container</li> <li>- have the student's name on the label</li> <li>- not be expired</li> <li>- follow the written instructions from a doctor</li> </ul>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Student Absence: I agree to tell the Community Language School as soon as possible if the student will be absent.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Withdrawal: I agree to give two weeks' written notice if the student will stop attending the Community Language School.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Photography and Video: Sometimes students may be photographed or filmed at special events or for newsletters, websites, social media, or other school-related promotion. I give permission for the student to be photographed or filmed, and for their name, photos, or videos to be used for non-profit promotional purposes by: <ul style="list-style-type: none"> <li>- Community Language Schools SA</li> <li>- the student's Community Language School</li> <li>- the Government of South Australia (including elected members and department staff)</li> </ul> I understand that some publications may be permanent.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Short Local Walks: Teachers may take students on short walks near the school as part of their learning program. These walks will not occur in extreme heat or bad weather. This consent does not include excursions that use transport or require payment. Those activities will need separate permission forms.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Special Activities or Presentations: I give permission for the student to join activities where visitors share skills, knowledge, or cultural experiences.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Fees and Charges: I agree to pay all fees and charges provided to me by the Community Language School. I understand that unpaid fees may be collected by the school as a debt.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



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By signing below I agree to the above and declare that all information I have provided in this form is true and correct to the best of my knowledge.

School policies are available for viewing or download at: <https://www.clssa.sa.edu.au/policies-and-procedures/>

Name of person completing the form		
Signature of person completing the form		Date:

Administration Use Only	
Received on:	Entered on:
Entered by:	Class Assigned: