

Bengali Language and Cultural School (BLCS)

(COMMUNITY LANGUAGES SCHOOLS PROGRAM)



ENROLMENT FORM - 201

Email: blcsmelb@gmail.com

School/Campus location: **Westall Secondary College**

School Address: **88 Rosebank Avenue, Clayton South, Vic-3169**

Student Details

Family name: _____ Given name(s): _____

Date of birth: _____/_____/_____ Sex: Male Female

Home Address:

Suburb: _____ Postcode: _____

Mainstream School (attended by student):

School name: _____

Name of campus: _____

Year Level: _____

Parent/ Guardian Declaration

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____ Date: ____/____/____

Relationship to student:

Contact telephone/mobile: _____

Email: _____

From 2018, Department of Education and Training (DET) requires all community language schools to incorporate the following items into their existing enrolment forms;

Is your child:		
An Australian citizen/Permanent resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A full-fee paying international student	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other <input type="checkbox"/> , please specify: _____		
Is your child currently enrolled at another community language school to learn the same language?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, which school ? _____		
Has your child ever been enrolled at another community language school to learn the same language?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, which school ? _____		
Privacy Collection Notice - Protecting your privacy and sharing information		
The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at: http://www.education.vic.gov.au/Pages/privacy.aspx		
Parent/Guardian Privacy Consent and Declaration		
I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form. I consent to;		
<ul style="list-style-type: none">• the collection of my child's health and personal information by the community language school;• the community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;• the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third party in the event of a medical emergency.		
Name of Parent/Guardian: _____		
Signature of Parent/Guardian: _____		
Date: ____ / ____ / ____ /		
DD MM YYYY		