



Goethe Society WA Inc.
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email: GoetheKidsWA@hotmail.com

Student Enrolment Form

Level: _____ Year: 20 _____

Personal Details
Student's Full Name: _____
Age: _____ Date of Birth: ___/___/____ Sex: female/male
Address: _____ _____ Postcode: _____
Telephone: _____ Mobile: _____
Email: _____
Name of regular school: _____
Year Level: _____ Suburb: _____
Knowledge of German (please circle) None little good very good

1st guardian's details	2nd guardian's details
Family name: _____	Family name: _____
Given name: _____	Given name: _____
Relationship to student: _____	Relationship to student: _____
Country of birth: _____	Country of birth: _____
Emergency contact no.: _____	Emergency contact no.: _____
Email: _____	Email: _____

1. Accident declaration

In the event of illness or injury to my child whilst at school, or on an excursion, or travelling to or from school, I authorise the senior staff or teacher in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf.

Does the child have a diagnosed medical condition or allergy that may require support?

YES / NO (please circle)

If yes, please specify:
and attach emergency treatment plan!

Signature of parent/guardian: _____

_____ Date ___ / ___ / _____

please turn over ↩

2. Declaration and Waiver:

I, the below signed, allow my child/children to use the playground and to play sport during recess.

YES / NO (please circle)

I, the below signed, agree that the Goethe Society WA Inc or any of their teachers will not be liable for any injury, loss or damage of property that my child might sustain from any cause whatsoever upon enrolment and participation during German classes.

3. Refund Policy: No refund will be given for missing classes or for withdrawal.

4. Payment methods:

Direct deposit: Account name: Goethe Society of WA / BSB 036-027 / Account no: 13-0096
When paying by direct deposit, **please state the child's surname and first name as reference!**

5. Media Consent:

I authorise the Goethe Society WA Inc. to take and use any student works, photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness, either in full or part, in conjunction with any wording or drawings.
I also agree to the publication of these images or samples of work of my child in ways including, but not limited to, public web sites, school newsletters (print and online), magazines and local newspaper.

YES / NO (please circle)

I understand and agree that if I wish to withdraw any consent provided above, it is my responsibility to notify the school.

Name of parent/guardian: (please print)

_____ Date ___ / ___ / _____

Official use only:

Fee for semester 1: \$ _____ Paid: \$ _____ Receipt no: _____ Outstanding: \$ _____

Teacher's signature: _____ Date: ____ / ____ / _____

Fee for semester 2: \$ _____ Paid: \$ _____ Receipt no: _____ Outstanding: \$ _____

Teacher's signature: _____ Date: ____ / ____ / _____