



Goethe Society WA Inc.  
PO BOX 464  
Subiaco WA 6904, Australia  
phone: +61 8 9304 0365  
email: GoetheKidsWA@hotmail.com

## Student Enrolment Form

Level: \_\_\_\_\_ Year: 20 \_\_\_\_\_

<b>Personal Details</b>
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!**

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_