



## 2022 Enrolment Application Form

**(DO NOT USE FORMS FROM PREVIOUS YEARS)**

### Student information (Please print in capital letters)

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Student email: \_\_\_\_\_

Student mobile number: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender: Male  Female

Permission to Publish:  Yes  No

### Weekday school information (Monday to Friday) - **K-12 STUDENTS ONLY**

School name: \_\_\_\_\_

School phone: ( \_\_\_\_ ) \_\_\_\_\_ School email: \_\_\_\_\_

### Student's weekday school (Current Year) - **K-12 STUDENTS ONLY**

K  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  
 Yr 7  Yr 8  Yr 9  Yr 10  Yr 11  Yr 12

### Application information

Previous study or knowledge of the language:

At home  Primary school  High school  Community school  Other: \_\_\_\_\_

Overseas Which country? \_\_\_\_\_ Year arrived in Australia \_\_\_\_\_

If Italian is not spoken at home, what connection do you have with the language OR why do you intend to study Italian?

\_\_\_\_\_  
\_\_\_\_\_

### Household Information

Address (no. and street): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Carer/Next of Kin Information:

Parent/carers/next of kin name: \_\_\_\_\_

Parent/carers/next of kin title:  Mr  Mrs  Ms  Other: \_\_\_\_\_

Relationship to student (e.g. mother): \_\_\_\_\_

Parent/carers/next of kin email: \_\_\_\_\_

Mobile phone: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Does this person have permission to pick up the student from the school?  Yes  No



**Student Medical Information - THIS SECTION IS MANDATORY FOR ALL STUDENTS**

It is essential that all questions are completed and the form signed by the student/parent/carer to ensure we have current medical information in case of an emergency and to guide our teaching of the student.

**Allergies**

I have/My child has an allergy:  Yes  No

Description of allergy: \_\_\_\_\_

**Anaphylaxis (Anaphylaxis is a severe, potentially life threatening, allergic reaction)**

I am/ My child is: Anaphylactic  Yes  No

Carry/ carries an EpiPen  Yes  No

Have/ has a current ASCIA Action Plan (less than 18 months)  Yes  No

*Note: If Yes, a **coloured copy** must be attached to the application*

**Asthma**

I am/ My child has: Asthma  Yes  No

Carry/ carries an inhaler  Yes  No

Have/ has a current ASTHMA Action Plan (less than 18 months)  Yes  No

*Note: If Yes, a **coloured copy** must be attached to the application*

**Other Medical Conditions (e.g. depression, anxiety, diabetes, epilepsy, ASD)**

I have/My child has: A medical condition  Yes  No

A disability  Yes  No

Am/ is on the ASD spectrum  Yes  No

In order to support you/your child, please explain your medical condition, disability or degree of Aspergers or Autism.

\_\_\_\_\_  
\_\_\_\_\_

**Declaration by Student/Parent/Carer:**

I \_\_\_\_\_ understand that the information disclosed above may be discussed with other members of the school staff, as is necessary, to enable staff to care for me/my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Conditions of Enrolment:**

1. Students must attend classes and be actively engaged to meet the course requirements.
2. All Students (Years K-12) are required to complete relevant tasks.
3. Students may be required to purchase materials and enrol to Google Classroom to access learning resources.

I, \_\_\_\_\_, accept the above conditions of enrolment.  
[PRINT STUDENT'S FULL NAME]

Student's signature: \_\_\_\_\_

Parent's/carer's name: \_\_\_\_\_ Parent's/carer's signature: \_\_\_\_\_



**Course selection:**

**ALL COURSES ARE HELD EITHER AT BOSSLEY PARK OR GREENWAY PARK (CHECK WITH SCHOOL)**

	Adult Courses		Special-Interest Courses		K-12 Courses
<input type="checkbox"/>	Beginners A	<input type="checkbox"/>	Conversation	<input type="checkbox"/>	Kindergarten-Year 3
<input type="checkbox"/>	Beginners B	<input type="checkbox"/>	Cultural Immersion	<input type="checkbox"/>	Year 4-Year 6
<input type="checkbox"/>	Beginners C	<input type="checkbox"/>	Private Tutoring Package	<input type="checkbox"/>	Year 7-Year 10
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	CILS Preparatory Course	<input type="checkbox"/>	HSC Preparation -Year 11-12
<input type="checkbox"/>	Advanced				

**Please Note:** The availability of classes will depend on the number of students enrolling. If a class cannot be offered due to insufficient enrolments, students will be advised as soon as possible and will be given the opportunity to enrol in an alternative class. **Withdrawal after the course commencement date does NOT entitle students to a fee refund.**

**Enrolment period:**

**Semester:**  Semester 1 (19 weeks | February-July)  Semester 2 (19 weeks | July-December)

**Fees and Conditions:**

**Option 1:**  \$880 (Full Year)

**Option 2:**  \$440 (Semester) **Pro Rata:**  \$\_\_\_\_\_

**Private Tutoring Package/ CILS Preparatory Course/ CILS Examination Fee:**

**Individual package:**  3 'one hour lesson' \$250  5 'one hour lesson' \$380  10 'one hour lesson' \$730

**Partnered package (max. 2 people):**  3 'one hour lesson' \$290  5 'one hour lesson' \$430

10 'one hour lesson' \$810

**CILS Exam Admin Fee:**  \$360 + **UNISTRASI FEE** (Please email the MPIS for fee and exchange rate to AUD)

Payee's name: \_\_\_\_\_ Payee's signature: \_\_\_\_\_

**Payment and Enrolment confirmation:**

To enrol, please complete this form and email or post it back to the Marco Polo Language School. Your enrolment will be confirmed by the school ONLY upon your payment IN FULL to the school's bank account:

**Name:** Marco Polo Language School

**NAB Bank BSB:** 082-490

**Account number:** 41-190-7854

EFT Reference: FULL NAME\_COURSE. Please email the receipt of your payment to [learning@cnansw.org.au](mailto:learning@cnansw.org.au).



**Declaration by parents - K-12 STUDENTS ONLY**

1. I give permission for my child to be filmed, photographed and for their work to be used in website, posters, pamphlets, media, formal presentations or other displays and resources used to promote Marco Polo Italian School's services and projects.

While every effort will be made to protect the identity of your child, Marco Polo Italian School cannot guarantee that your child will not be able to be identified from the photographs/work.

Please tick the appropriate box:

**Yes I agree**

**No I do not agree**

**Signature:** \_\_\_\_\_

2. I give permission for my child's information to be included in the NSW Community Languages Program (CLP) Funding Application for the purpose of applying for and monitoring funding under the CLP.

It will be used by the NSW Department of Education and Communities (DEC) for assessment of eligibility and monitoring of the program implementation. The information will be stored securely. If you do not provide all or any of this information your child will not receive funding by the NSW (CLP) Program and an extra fee may be charged by Marco Polo Italian School to cover the gap in funding.

Please tick the appropriate box:

**Yes I agree**

**No I do not agree**

**Signature:** \_\_\_\_\_

**Statistical information:**

**How did you find us?**  Word of mouth  Newspaper  Internet search  Other media

**Other:** \_\_\_\_\_

**Creative Kids Voucher:**

Marco Polo - The Italian School of Sydney is a registered provider for the Creative Kids program. Check your eligibility to redeem your \$100 voucher with us and create something great.

If you don't have a voucher, please visit [service.nsw.gov.au](http://service.nsw.gov.au).