



Enrolment form young children

Dados Pessoais da Criança/Personal details:

Nome/First name:	Sobrenome/Surname:
Data de nascimento/DOB:	Série em 2020/Year in 2020:
Escola/school ou creche:	Telefone da escola/ school phone number:

Dados dos Responsáveis/Parent's or guardian's details:**Nome da mãe ou responsável 1/ mother's or guardian's 1 name:**

Telefone/Phone number:

Endereço/Address:

Trabalho/Work type/company:

Nível de inglês/ English level:

Nível português/Portuguese level:

Nome do pai ou responsável 2/ father's or guardian's 2 name:

Telefone/Phone number:

Endereço/Address:

Trabalho/Work type/company:

Nível de inglês/ English level:

Nível português/Portuguese level:

Matrícula/Enrolment

Eu, _____, autorizo a BESSA—a garantir uma vaga para meu filho no período, horário e local indicado, mediante pagamento de 50% de depósito. O depósito será devolvido se a turma que escolhi não puder ser formada ou substituída, ou se eu cancelar minha matrícula com o mínimo três semanas de antecedência. Eu concordo em pagar o custo total de cada termo no começo de cada termo, independentemente de possíveis faltas do aluno.

I, _____ authorise the BESSA to hold a vacancy for my child at the location, date and time indicated, upon payment of 50% deposit. The deposit will be returned if the group I've chosen cannot be formed or replaced, or if I cancel my enrolment with three weeks' notice. I agree to pay the total cost of each term at the beginning of each term, independently of potential absences by my child.

Assinatura/Signed: _____ Data/Date: _____



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Timetable

Turmas oferecidas pela Escola Brasileira Sem 2/2024

Idade	turma	horário	Dia	Local	Professor (a) e voluntário (a)
1-2 anos	playgroup	9-10am	Sábado	Torrens University (city)	Bia/ Roberta
3-4 anos	Pré-1	10am-11am	Sábado	Torrens University (city)	Anderson
5-6 anos	Pré-2/ letramento	10am-11pm	Sábado	Torrens University (city)	Samara
7-12 anos	Primário	**10-11am	Sábado	Torrens University (city)	Roberta
Capoeira	Todas	9-10- crianças 10-11 adultos	Sábado	Torrens University (city)	a confirmar
ADULTOS (U-Speak Adl)	Várias	Sábados de manhã e terças a noite	Sábados e terças	Torrens University (city) e online	Marcus/Luiz Tony Andréa

Onde?**Torrens University****(88 Wakefield Street, Adelaide, SA)**

Por favor mande todos os formulários e o comprovante de pagamento para:

Please send all signed forms to the emails below.

Invoices will be sent between weeks 3-4.

BESSA – Brazilian School of South Australia

Any enquiries, please email: bessa.secretary@gmail.com or bessa.profroberta@gmail.com

phone 0402502156

BESSA -- PORTUGUESE CLASSES (for use by Brazilian-Australian Children) **Nível de Português da Criança / Language Proficiency (marque um/ please circle one)**

1. Fala/Speaking	Boa/Good	Média/Average	Não Tem/ none
2. Compreensão/Listening	Boa/Good	Média/Average	Não Tem/ none
3. Leitura/Reading	Boa/Good	Média/Average	Não Tem/ none
4. Escrita/Writing	Boa/Good	Média/Average	Não Tem/ none



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Utilização do Português pela Criança/*Child's Use of Portuguese (marque um/ please circle one)*

Frequentemente/*Frequently*Às vezes/*Sometimes*Raramente/*Rarely*Nunca/*Never*Informações adicionais para auxiliar o professor/*Anything else we should know about your Child?*

In case of Emergency

In case of accident, I authorise the BESSA class teacher to follow first aid/emergency procedures/call for an ambulance to transport my child to the nearest hospital and ensure my child is safe.

Name of Child: _____ Date of Birth: _____

Contact in case of emergency: _____ Phone: _____

Second contact in case of emergency: _____ Phone: _____

Doctor: _____ Phone: _____ Medicare No: _____

Known allergies: _____

Drop Off/Pick Up Arrangements

Person authorised to collect child

1. Name: _____ Signature: _____

2. Name: _____ Signature: _____

3. My child can (please circle) walk/cycle/take public transport to/from class

Changes in arrangements must be communicated to class teacher as teacher is responsible for child's well-being while in her/his care.

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

Use of Personal Information/Privacy Disclosure (you may choose not to agree to this section)

Remember: Our photos or videos are used by our Social Media page for the purposes of recordings of programs, advertisement, campaigns and as source of information to other Ethnic schools in Australia.

I have been advised by the BESSA –that the details of my child, _____, provided on the yearly Community Language SCHOOLS SA. Applications are used for the purpose of applying for and monitoring funding under the Program. I have been advised that the Program will be granted access to the information (eg: name of student/date of birth/ telephone number/ mainstream school), that provision of this information is voluntary and that it will be stored securely.



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Why do I need to provide this much information about my child?

I am aware that if I do not provide all or any of this information, the community language school my child attends will not receive funding for my child. I may correct personal information at any time by contacting the School secretary or Principal on the number 0414 790 070 (after school hours) or send us an email to: bessa.secretary@gmail.com

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

Please circle one: Use of Photographs and videos (IMPORTANT INFORMATION)

I AUTHORISE (YES) OR (NO) DO NOT AUTHORISE (circle one) the publication of my child's photographs and videos in communication material and in media reports pertaining to the BESSA.

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

Adult classes also available. Please contact us for more information.

Like us on Facebook:



<https://www.facebook.com/BrazilianEthnicSchoolSA/>

Qual é o papel da Escola Étnica Brasileira de SA (BESSA)?

“Oferecer aulas de Português e Cultura Brasileira para crianças e adolescentes filhos(as) de brasileiros (as), que chamamos de **PLH** – Português como Língua de Herança”

Nossa Missão:

“Manter os nossos filhos em contato com a Língua e Cultura do Brasil, através de encontros semanais que promovem esta possibilidade”.

“Para se manter viva a língua nativa no seio familiar, é preciso que ela esteja viva dentro de cada um (Raguenaud, 2009)”

Mission Statement:

The Brazilian School of South Australia is dedicated to the mission of spreading and celebrating Brazilian culture and language across Australia. Our primary objective is to ensure that the rich traditions, values, and language of Brazil continue to thrive within the Australian community. We aim to create a nurturing and inclusive environment where individuals, particularly children, can connect with their cultural roots and develop a deep appreciation for Brazilian heritage. Through our comprehensive language programs and cultural activities, we strive to instill a sense of pride and belonging among Brazilians in Australia, ensuring that the Portuguese language remains a living and vibrant part of their lives.