

Please complete the form in BLOCK LETTER (请用正楷填写)

2020 (Special)

学生信息 Student's Details							
中文姓名 Chinese Name		Family Name as shown on passport		First Name as shown on passport		Middle Name	
出生地 Place of Birth		出生日期 Date of Birth	DD / MM / YYYY	家庭用语 Home Language		性别 Gender	
家庭住址 Home address					邮编 Postcode		
2020年日校名称 Day School							
2020年日校校区 Day School Campus						2020年日校年级 Year Level in Day School	
您的孩子是否正在另一所中文学校学习中文? Is your child currently enrolled at another community language school to learn the same language?				否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	If Yes, which school? _____	
您的孩子是否曾经在另一所中文学校学习中文? Has your child ever been enrolled at another community language school to learn the same language?				否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>	If Yes, which school? _____	
父亲信息 Father's Details		母亲信息 Mother's Details		紧急联系人 Emergency Contact (Only complete if different from Parents)			
姓名 Full Name		姓名 Full Name		姓名 Full Name			
手机 Mobile		手机 Mobile		与学生关系 Relationship			
邮箱 Email		邮箱 Email		手机 Mobile			

请一位家长在表格另一面签名 One parent is expected to sign on the other side of the form.

健康信息 Medical Information

您的孩子是否有任何疾病史 (如哮喘、癫痫、过敏等)? Does your child suffer from any medical condition (eg. Asthma, epilepsy, allergies, etc.)			
是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	如是, 请提供家庭医生制定的应急方案 (如哮喘、过敏等) If Yes, please provide a medical plan (Asthma/Anaphylaxis, etc)	
您的孩子是否正在服用任何药物? Is your child currently on any medication?			
是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	如是, 请注明 If Yes, please specify	
如有其它健康问题, 请说明 If your child has any other health conditions, please specify			

请注意: 疫情期间, 请按以下信息直接从银行转账, 在备注中写明学生姓名, 并将转账确认信息发给分校校长, 以安排编班事宜。

转账信息	Bank Name: Commonwealth Bank of Australia	Account Name: Western Chinese Language School	BSB: 063000	Account Number: 13240489
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以下信息由学校工作人员填写

报读: _____	年级: _____	编入班级: _____	校区: _____
缴费金额: _____	收据号码: _____	经办人: _____	

请转入背面 Turn to back →

注意事项

为维护学校的正常教学秩序和卫生环境，保障学生在校学习期间的安全和健康，家长/监护人了解以下注意事项：

- 一、学校严格遵循教育部的各项规定要求，并严格遵守儿童安全相关法律。
 - 二、学生自觉遵守学校制定的各项规章制度，维护学校的名誉，保护学校的知识产权，损坏公物自行赔偿。
 - 三、学校开放期间，早上9:10以前如无家长陪同，学生不能独自进入校园。
 - 四、上课期间，未经许可，学生不得擅自离校，严禁出校门游戏、购物或私自回家。
 - 五、不建议学生携带贵重物品到学校，如有丢失，责任自负。
 - 六、提前接孩子的家长必须先到的办公室填写表格，获得学校书面许可后才能去教室接走孩子。放学15分钟后仍无家长来接的学生，将集中送到各校区所在中文办公室，请晚到的家长到办公室接领学生。如家长临时有事，不能亲自接孩子，请书面授权其他亲友或朋友在规定时间内来学校接领孩子。
 - 七、为避免引起其他学生的食物过敏问题，所有学生和家长不得携带含有花生等坚果类及蛋类等食物进入校园。
 - 八、学生如因违反本条例而造成不良后果，学校概不负责；屡犯者或造成严重后果者，予以除名。
 - 九、我已阅读学校招生简章，并已了解学校相关的退费规定。
1. The school observes the rules and regulations framed by the Department of Education and Training including those of Child Safety Standards.
 2. Students observe the regulations framed by the school, protect the school's reputation and intellectual properties and take the responsibility for the damages caused by themselves.
 3. Within school terms, students are not allowed to enter the campus without the company of adults before 9:10am.
 4. Without permission, students cannot leave school for shopping or go home during school time.
 5. Students are not suggested to bring any valuable itmes to school. They would take full responsibilities for any loss or damage.
 6. Early collection is only accepted with written confirmation from the Chinese Office after completing the Student Early Collection Form. All the students not being collected 15 minutes after class would be sent to the Chinese Office on campus. Parents need to provide written authorisation for other guardians or friends to collect their children if they are not able to do so themselves.
 7. All the campuses are NUTS-FREE and EGGS-FREE due to food allergic concerns.
 8. The school takes no responsibility for any students who breach the rules metioned above. If any students breach the regulations above, they may receive suspension/expulsion considering the seriousness of the conduct.
 9. I have read the Admission Guide and I'm aware of the relevant refund policies.

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 (Department) 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](http://www.education.vic.gov.au/Pages/privacy.aspx)

家长/监护人声明 Parent / Guardian Privacy Consent and Declaration

我确认本信息表上提供的信息真实且准确，我了解本信息受隐私法保护，我同意：

- * 该校收集有关我的孩子的健康和个人信息;
- * 该校将本信息表上有关我的孩子的个人信息向维州教育局报告, 以用于核对学生信息以及申请政府拨款;
- * 校长或负责老师 (在无法联系到我的情况下) 如认为有必要, 可对我的孩子实施急救措施, 在医疗急救时校长或员工可将我的孩子的个人和健康信息向专业医护人员公开。

I confirm that the information provided on this form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this form. I consent to:

- * the collection of my child's health and personal information by the school;
- the school disclosing my child's personal information contained in this 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 parties in the event of a medical emergency.

家长 / 监护人姓名 Parent / Guardian's Name:

家长 / 监护人签名 Parent / Guardian's Signature:

日期 Date: / /
 dd *mm* *yyyy*