



分校 Campus: \_\_\_\_\_ 年级 Year level: \_\_\_\_\_

# Melbourne Chinese Ethnic School

2024

## Enrolment Form Student Details 学生信息

**Note: it is important that student details are exactly the same as those provided at the time of enrolment at the student's mainstream school.**

注意：学生的详细信息与学生上日校注册时提供的信息需要完全相同。

Family name: \_\_\_\_\_ 姓: \_\_\_\_\_

First name: \_\_\_\_\_ 名: \_\_\_\_\_

Middle name(s): \_\_\_\_\_ (中文学校年级: ) \_\_\_\_\_

Date of birth 出生日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

Male  Female

Home Address 家庭地址: \_\_\_\_\_

Suburb 市区: \_\_\_\_\_ Postcode 邮编: \_\_\_\_\_

Student's mainstream school name 英文学校名字: \_\_\_\_\_

Student's mainstream year level 英文学校年级: \_\_\_\_\_

Is your child **currently** enrolled at **another** community language school to learn the **same** language? 您的孩子目前是否在另一所社区语言学校就读，学习相同的语言？

Yes  No

If Yes, which school? \_\_\_\_\_

Has your child **ever been** enrolled at another community language school to learn the **same** language? 您的孩子是否曾经入读过另一所社区语言学校学习相同的语言？

Yes  No

If Yes, which school? \_\_\_\_\_

### Student Australian Residency Status 学生澳大利亚居留身份

Australian citizen/Permanent resident 澳大利亚公民/永久居民

Full-fee paying international student 支付全额费用的国际学生

Other 其他 If Other, please specify: \_\_\_\_\_

### Parent/Guardian Details 家长/监护人

Email address 电子邮件: \_\_\_\_\_

Name of Parent/Guardian 家长/监护人姓名:	Relationship to student 与学生的关系:	Work phone 工作电话:	Mobile phone 手机号码:
<b>Mother's email address:</b>			
<b>Father's email address:</b>			



分校 Campus: \_\_\_\_\_ 年级 Year level: \_\_\_\_\_

**Emergency Contact Details 紧急联系人 (only complete if different from parent/guardian details 只需填写如果不是家长或者监护人的紧急联系人)**

Emergency contact name 紧急联系人 姓名:	Relation to student 与学生的关系:	Emergency contact phone 紧急联系号码:

**Collection of children 接送孩子 (If you child/ren is under 11 years old must fill in this section, 如果您的孩子 11 岁以下必须填写)**

If your child/ren is under 11 years old, you must sign-in and sign out of your child in their classroom. If you cannot come to school and collect your child due to any reason you must provide names, contact detail and relationship to student. If your child has sibling at the school but is under 18 years old he/she cannot sign-in and out of your child, please write note to their classroom teacher every time when they come to collect their younger siblings.

如果您的孩子未满 11 岁，您必须在课堂上签到与签退您的孩子。如果您因任何原因无法来学校接送您的孩子，您必须提供接送人的姓名，联系方式和与学生的关系。如果您的孩子在学校有兄弟姐妹，但未满 18 岁，他/她无法签到与签退您的孩子，请您每次写一张字条给老师说明。

Name of person collecting your child 签到与签退人的姓名:	Relation to student 与学生的关系:	contact phone number 联系号码:

**Medical Information 医疗信息**

Does your child suffer from any medical condition? (e.g. asthma, epilepsy, allergies etc.)? 您的小孩是否患有任何医疗状况? (如哮喘, 癫痫, 过敏等)?

Yes  No

If Yes, please specify and provide medical plan (e.g. asthma, anaphylaxis etc.) 如果有, 请说明并提供医疗计划 (例如哮喘, 过敏症等)

Is your child currently on any medication? 您的孩子目前是否服用过任何药物?

Yes  No

If Yes, please specify: 如果有, 请说明:

**PERMISSION TO USE CHILD'S PHOTOGRAPHS 允许使用学生的照片**

Student at Melbourne Ethnic Chinese School will be involved in school activities where they may be photographed or videoed. Photographs or videos of students may be used in a variety of media to celebrate a student's success in a particular area or for educational purpose or to promote activities at the school.

墨尔本中华名族学校的学生将参与学校活动, 学校将会给学生拍照或者录像。学生的照片或者录像将会使用在各种媒体, 以庆祝本校学生的进步以及本校的各项活动。(例如: 母亲节, 校庆, 学生奖状, 等等。)

I give permission for photographs of my child/ren to be use on social media (e.g. Facebook, Wechat and other social media etc.) 我允许我的孩子的照片在学校的社交媒体上使用 (例如 Facebook, 微信和其他社交媒体等)

Yes  No



分校 Campus: \_\_\_\_\_ 年 级 Year level: \_\_\_\_\_

**Privacy Collection Notice - Protecting your privacy and sharing information 隐私收集通知 - 保护您的隐私和共享信息**

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>

通过此报名表收集的关于您的孩子和家人的信息将仅与需要知道的学校工作人员共享，以使社区语言学校和教育和培训部（Department）能够教育或支持您的孩子，或履行法律义务包括护理责任，反歧视法和职业健康与安全法。未经您的同意，所收集的信息不会在本部门以外披露，除非此类披露是合法的。有关信息共享和隐私的更多信息，请参阅以下部门的隐私政策：

<http://www.education.vic.gov.au/Pages/privacy.aspx>

**Parent/Guardian Privacy Consent and Declaration 家长/监护人隐私同意书和声明**

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

- the collection of my child's health and personal information by the community language school;
- the community language school disclosing my child's personal information contained in this enrolment 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.

我确认此登记表上提供的信息是真实和正确的，我承认并同意此登记表格附带的登记条款和条件。我同意：

- 社区语言学校收集我孩子的健康和个人信息；
- 社区语言学校向教育和培训部门披露我的孩子的个人信息，用于数据核实和资助目的；
- 校长或教师（校长或负责人无法联系我）向校长或员工认为合理必要时向我的孩子管理此类急救，包括向专业第三方披露个人和健康信息医疗紧急事件。

Name of Parent/Guardian 家长/监护人姓名: \_\_\_\_\_

Signature of Parent/Guardian 家长/监护人签名: \_\_\_\_\_

Date 日期: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  dd           mm           yyyy

Office Use Only							
School Fee:		Receipt Number:		Date Paid:		Authorized By:	

Date 日期: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  dd           mm           yyyy

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