



Please complete the form in **BLOCK LETTER**

2020

学生信息 Student's Details							
中文姓名 Chinese Name		English Family Name as shown on passport		English First Name on Passport		Middle Name on Passport	
Country of Birth		Date of Birth	DD/MM/YYYY	Home Language		Gender	
Home Address						Post Code	
2020 Day School Name				2020 Year Level in Day School			
Day School Campus Name							
Father's Details				Mother's Details			
Full Name				Full Name			
Mobile				Mobile			
Email				Email			
Student's Mobile				Student's Email			
学生居澳签证类别 Student's Australian Residency Status							
澳洲公民 / 永久居民 Citizen / Permanent Resident		Australian	<input type="checkbox"/>	其它签证类别 (请注明并附上签证类别编号) If Other, please specify with Visa No.			
全费国际学生 fee Paying International Student		Full-	<input type="checkbox"/>	<input type="checkbox"/>			

紧急联络信息 Emergency Contact Details (如与父母信息相同不必填写 Only complete if different from Father/Mother details)

紧急联络人姓名 Emergency Contact Name		与学生关系 Relationship		紧急联络电话 Contact Number	
-----------------------------------	--	-----------------------	--	--------------------------	--

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处理方案 (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		

(以下由工作人员填写)

上课地点

East Doncaster Secondary College

上课时间

周六上午 (Saturday AM) 周六下午 (Saturday PM) 周日上午 (Sunday AM) 周日下午 (Sunday PM) 其他

报读科目

语种 FL第一语言 SL第二语言 SLA第二语言高级 LCS中文新课程 IB中文

年级 预备班 11年级 12年级

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

请家长在反面签字

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，所有学生和家長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.

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。
- * 如联系地址或电话变更，我会及时通知学校。

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 in charge (where they are not able to contact me) to administer first aid to my child as they may
- * inform the school any change of my contact number or address for emergency occasions.

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