



东区中文学校VCE中文部

EASTERN CHINESE LANGUAGE SCHOOL

海外学生信息表

Student Enrollment Form

Please complete the form in **BLOCK LETTER****2021****学生信息 Student's Details**

中文姓名 Chinese Name		English Family Name on passport		First Name on Passport		Middle Name on Passport	
Place of Birth		Date of Birth	DD/MM/YYYY	Home Language		Gender	
Home Address						Post Code	
2021 Day School Name				2021 Year Level in Day School			
Day School Campus Name							
Father's Details			Mother's Details			紧急联络人 Emergency Contact Person (Only complete if different from Parents)	
Full Name			Full Name			Emergency Contact Name	
Mobile			Mobile				
Email			Email			Relationship	
Student's Phone			Student's Email			Mobile	

学生居澳签证类别 Student's Australian Residency Status

澳洲公民 / 永久居民 Australian Citizen / Permanent Resident	<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 Full-fee Paying International Student	<input type="checkbox"/>	<input type="checkbox"/>

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? _____

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 →

