

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							
<b>Father's Details</b>			<b>Mother's Details</b>			<b>紧急联络人 Emergency Contact Person (Only complete if different from Parents)</b>	
Full Name			Full Name			Emergency Contact Name	
Mobile			Mobile			Relationship	
Email			Email			Mobile	
Student's Phone			Student's Email				

**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**

MWSC 高中部  MWSC 初中部  新金山中文图书馆  boxhill  Brighton  东南区  其他

**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 →

