

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

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		
2021年日校名称 Day School							
2021年日校校区 Day School Campus					2021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.

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 (请注明签证类别号, 如188) If Other, please specify with Visa Category No. such as 188
全费国际学生 Full-fee Paying International Student	<input type="checkbox"/>	<input type="checkbox"/>

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		

以下信息由学校工作人员填写 For Staff ONLY

报读 Year Level: _____

编入班级 Class: _____

校区 Campus: _____

缴费金额 Paid Amount: _____

收据号码 Receipt No.: _____

经办人 Staff: _____

请转入背面 Turn to back →

