



Shine Chinese Community Language School 山区亮点中文学校

Shine Chinese Community School INC

A.B.N: 94392901990

Class Level: Preschool Kindergarten Primary School Junior High Senior High Adult		Class Time 上课时间	
报读年段: 学前班() 学龄班() 小学() 初中() 高中() () ()			
Student Name: 学生中文名字:		School Location: 校区:	Name(s) of sibling(s) also attending the school: 同读本校兄弟姐妹的姓名:
Surname: 姓	Age 年龄:	Date of Birth: 出生日期: 日/月/年	Name of Parent 家长姓名:
Given Name: 英文名字	Sex 性别: M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>		Mobile of Parent 家长电话:
Home Address 家庭地址:			
English School Name 就读英文学校校名	Grade attended at English School 就读英文学校年级	Emergency Contact 紧急联络人: Name (1) 姓名:	Relationship to Student: 与学生的家庭关系:
		Contact No. 电话:	
School Address (If attending Private School)		Name (2) 姓名:	Relationship to Student: 与学生的家庭关系:
		Contact No. 电话:	
Main Language of the Child At Home:			
Did your child learn Mandarin before?			
Does your child need help when teachers speak Mandarin in class?			
CONSENT---Special Permission			
<p>Note: For education's purposes your child will be photograph, video recorded or audio recording to demonstrate their progression of learning.</p> <p>I give permission for teachers to use the photograph/vedio of my child/ren within language school and to promote the class.</p> <p>我允许老师或中文学校使用我的孩子的照片或教学录像作为学校的信息广告使用。 允许 / 不允许</p> <p>Does your child suffer from any medical condition?/ Fodd allergies? Yes / No</p> <p>您的孩子是否有任何病症 / 食物过敏? 有 / 没有</p> <p>If the answer is Yes, Please give the detials:</p> <p>如有, 请提供给我们详细资料:</p>			
<p>I agree to accept responsibility for costs incurred on my behalf in securing medical treatment and associated services for the above-mentioned child requiring medical treatment or in the case of a medical emergency.</p> <p>I also consent to the school to provide first aid.</p> <p>I understand that the school does not provide automatic personal injury or liability insurance for student accidents which are inflicted by the students themselves.</p> <p>在孩子需要紧急救护的情况下, 我同意学校提供紧急治疗, 我也同意承担医疗所付的一切费用 (包括在紧急情况下需要的救护车交通费用)。 我也明白学校不提供因学生个人和其他学生引起的受伤事故和责任保险。</p>			
Signature (s) of Parent(s) / Guardian(s): 父母或监护人签名:			
Date 日期:			
Teachers are advised to keep this form in odr to keep in contact with the parents when needed.			
老师将学生资料妥善保存, 以便及时与家长保持联系。		School 校区:	
Teacher Name 老师姓名:			
<p>Privacy Statement: The primary purpose of collecting this information is to enable to the language school to adequately care for your child. All information regarding children is sensitive information within the terms of the national privacy principles under the Privacy Act.The information collected is used by the school for the aforementioned purpose and from time to time it may be given to the pastoral team at the Shine Chinese Community School the purpose of providing care.</p>			

Please return back the signed application form to the teacher or email: admin@chinesecommunityschool.org.au