

学生中文名：
班级：

新金山文化学校

2026 Enrolment Form

Student Details

Note: it is important that student details are **exactly the same** as those provided at the time of enrolment at the student's mainstream school.

请按照学生在日校所登记的正式姓名的全称,并用大写字母填写。

SURNAME (Capital letters please): _____

FIRST NAME (Capital letters please): _____

Date of birth: ____ / ____ / ____ Male Female
 dd mm yyyy

Home Address: _____

Suburb: _____ Postcode: _____

Mainstream school/day school (周一到周五就读日校名称) _____

Mainstream school year level(日校年级): _____

Victoria Student Number/VSN (学生编号): _____

*VSN 是一个九位数的数字, 可以在学生报告或学生所读日校接待处查询到。

*The VSN is a **nine-digit number** and may be found on **student reports** or **enrolment records**.

Student Australian Residency Status

Australian citizen/Permanent resident

☐

Full-fee paying international student

☐

Other

☐

If Other, please specify:

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Parent/Guardian Details

Name of Parent/Guardian: _____

Relationship to student: _____

Mobile phone: _____

Email: _____

Emergency Contact Details *(only complete if different from parent/guardian details)*

Emergency contact name: _____

Relation to student: _____

Emergency contact phone: _____

Medical Information

Does your child suffer from any medical condition? (e.g. asthma, epilepsy, allergies etc.)?

Yes ☐ No ☐

If Yes, please specify and provide a medical plan (e.g. asthma, anaphylaxis etc.)

Is your child currently on any medication?

Yes ☐ No ☐

If Yes, please specify:

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Privacy Collection Notice - Protecting your privacy and sharing information

The information about your child and family collected through this enrolment form will only be shared with school staff who need to know to enable the community language school and Department of Education and Training (Department) to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law and occupational health and safety law. The information collected will not be disclosed beyond the Department without your consent, unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at:

<http://www.education.vic.gov.au/Pages/privacy.aspx>

Parent/Guardian Privacy Consent and Declaration

I confirm that the information provided on this enrolment form is true and correct and I acknowledge and agree to the terms and conditions of enrolment accompanying this enrolment form. I consent to:

- the collection of my child's health and personal information by the community language school;
- the community language school disclosing my child's personal information contained in this enrolment form to the Department of Education and Training for data verification and funding purposes;
- the Principal or teacher (where the Principal or teacher in charge is unable to contact me) to administer such first aid to my child as the Principal or staff member may consider to be reasonably necessary including disclosing personal and health information to professional third parties in the event of a medical emergency.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____
 dd mm yyyy

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班级：

Photographing, Filming and Recording Students at 新金山文化学校 Annual Consent Form and Collection Notice

During the school year there are many occasions and events where staff may photograph, film or record students participating in school activities and events. We do this for many reasons including to celebrate student participation and achievement, or to communicate with our parents and school community.

This notice applies to photographs, video or recordings of students that are collected, used and disclosed by the school. We ask that any parents/carers or other members of our school community photographing, filming or recording students at school events (e.g. concerts, sports events etc) do so in a respectful and safe manner and that any photos, video or recordings ("images") of students are not publicly posted (e.g. to a social media account) without the permission of the relevant parent/carer.

If you do not understand any aspect of this notice, or you would like to talk about any concerns you have, please contact the community language school.

I consent to my child being photographed or audio/visually recorded participating in class or school activities for the use and purposes of sharing

- with other families in the school that will only be sent to school families in my child's class.
- in the school newsletter.
- on the school website, in CLS marketing or CLS social media sites.

Please select one of the two options:

☐ I **agree** to the community language school using photos, videos or recordings of my child as described above

☐ I **do not agree** to the community language school using photos, videos or recordings of my child as described above

You may withdraw your consent at any time however please note that it may not be possible for the school to amend past publications or to withdraw images that are already in the public domain.