



佛光中华学校

FO GUANG CHINESE SCHOOL

2021 学生报名表

STUDENT ENROLMENT FORM

Fo Guang Chinese School Ltd
89 Somerville Road

Yarraville VIC 3013, Australia

Phone: (03) 9314 5147

Email: fgsibcv@gmail.com

www.fgsmelbourne.org.au/chinese-school

Please write neatly using BLOCK LETTERS 请用正楷体书写

Tick where applicable 在适用的地方打勾

Student Details 学生个人资料

English first name
英文名字

English family name
英文姓氏

English middle name
英文中间名

Chinese full name
中文姓名

Gender
性别 Male 男 Female 女

Nationality
国籍

Date of birth
出生日期

Place of birth
出生地点

Residential status
居留身份 Australian citizen/Permanent resident
澳大利亚公民/永久性居民

Full-fee paying international student
海外学生

Home Address 家庭住址

Street address
街道地址

City/Town/Suburb
市/镇/郊

State/Territory
州/领地

Postcode
邮码

Contact Details 联络资料

Email address
电邮地址

Home phone number
家庭电话号码

2021 Mainstream Day School Details 白天学校资料

Name of mainstream day school attended
白天学校名

Address
地址

Campus
分校名

Current year level
现在班级

Parent Details 家长资料

Full name of father
父亲姓名

Full name of mother
母亲姓名

Email address
电邮地址

Email address
电邮地址

Contact number
联络电话

Contact number
联络电话

Please turn over 请翻页 ↶

Medical information 医疗资料

Asthma Yes No
哮喘 是 否

Other allergies
其他过敏症

Name of family
doctor
家庭医生姓名

Address
地址

Contact number
联络电话

Emergency contact
person
紧急联系人

Contact number
联络电话

Newsletter options 家长通告信函选择

Would you like to receive our newsletters via email? Yes No
你想通过电子邮件接收家长通告信函? 是 否

Parent/Guardian declaration and agreement 家长/监护人的声明和协议

I certify that the information provided on this form is true and correct and:

兹证明本人在表格上填写及提供的资料均属正确无误:

- Agree to the school's terms and conditions of enrolment
本人完全同意及遵守校方订定的规条及守则
- Authorise, where applicable, the Principal or teacher in charge (where the Principal or teacher in charge is unable to contact me, or it is otherwise impractical to contact me), to:
本人授权本校校长或老师于紧急/适当的情况下(校长或老师于无法与本人取得联络或通知的情况下):
 - Consent to my child receiving such medical or surgical attention as may be deemed administer first aid as necessary
可代表本人召唤救伤或医疗人员替本人的子女施行所需之一切紧急之护理服务
 - Administer such first aid as the Principal or staff member may judge to be reasonably necessary
同时并授权本校或本校的工作人员于合理的情况下代表本人执行及处理各种所需事宜

I consent to my child being photographed and/or visual images of my child being taken during activities by the Fo Guang Chinese School for use in the school's publications, school's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.
我同意佛光中华学校替我孩子拍摄照片及录影片段。并同意不必事前通知,和事后不索取报酬或赔偿。此类照片和录像只限于放在本校宣传单张、校刊、或本校网上媒体作为推广教务之用途。

Signature
签名

Date
日期

DD/MM/YYYY

Office use only

Enrolling year level
申请报读级别

Handled by
处理人员

Date
日期

DD/MM/YYYY