



佛光中华学校

FO GUANG CHINESE SCHOOL

89 Somerville Road, Yarraville VIC 3013, Australia

Phone: (03) 9314 5147 Email: fgsibcv@gmail.com Website: www.fgsmelbourne.org.au/chineseschool

Enrolment Form 2022

Student Details 学生信息

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. 注意：学生的详细信息务必与学生的日校注册信息完全相同。

Family name 姓: _____

First name 名: _____ Middle name(s): _____

Date of birth 生日: _____ / _____ / _____ Male 男 Female 女
dd mm yyyy

Home Address 家庭住址: _____

Suburb: _____ Postcode 邮编: _____

Student's mainstream school name 日校名称: _____

Student's mainstream year level 日校年级: _____

Student Australian Residency Status 学生居澳身份

Australian citizen/Permanent resident 澳籍/永居 Fee-paying international student 海外学生

Other 其它 If Other, please specify 请填写具体状况: _____

Parent/Guardian Details 家长/监护人信息

Name of Parent/Guardian 家长/监护人姓名: _____

Relationship to student 与学生的关系: _____

Work phone 工作电话: _____

Mobile phone 手机号码: _____

Email 邮箱: _____

Emergency Contact Details 紧急联系人 (only complete if different from parent/guardian details)

Emergency contact name 紧急联系人姓名: _____

Relation to student 紧急联系人与学生的关系: _____

Emergency contact phone 紧急联系人电话: _____

Medical Information 医疗信息

Does your child suffer from any medical condition? (e.g., asthma, epilepsy, allergies etc.)?
您的孩子是否患有任何疾病? (例如, 哮喘、癫痫、过敏等)?

Yes 是 No 否

If yes, please specify and provide a medical plan (e.g., asthma, anaphylaxis etc.) 具体说明

Is your child currently on any medication? 您的孩子目前正在服用任何药物吗?

Yes 是 No 否

If yes, please specify: 具体说明

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.

隐私保护指引

本报表收集的关于您孩子和家庭的信息只用于学校工作人员, 以便社区语言学校和教育培训部门对孩子的教育提供支持, 以及履行的法律义务, 包括在校期间的责任照顾、反歧视法和安全法。未经您的同意, 所收集的信息不会向外披露, 除非此类披露是符合法律的。有关信息共享和隐私的更多信息, 请参相关隐私政策, 网址为: <http://www.education.vic.gov.au/Pages/privacy.aspx>

家长/监护人隐私同意和声明

我确认此报名表上提供的信息真实正确, 并且我承认并同意本报名表随附的报名条款和条件。我同意:

- 社区语言学校收集我孩子的健康和个人信息。
- 社区语言学校向教育和培训部披露本报名表中包含的我孩子的个人信息, 用于数据验证和资助目的。
- 校长或老师 (在校长或负责老师无法联系到我的情况下) 为我的孩子实施校长或工作人员认为合理必要的急救, 包括向专业第三方披露个人和健康信息发生医疗紧急情况。

Name of Parent/Guardian 家长/监护人姓名: _____

Signature of Parent/Guardian 家长/监护人签字: _____

Date 日期: ____ / ____ / ____
 dd mm yyyy