Enrolment Form 注册表格

| Campus 校区: | Year level 年级: |
|------------|----------------|
|------------|----------------|

Melbourne Chinese Ethnic School

墨尔本中华民族学校



Student Details

学生信息

Note: It is important that student details match those held at the student's mainstream school so that the community language school can receive government funding.

注意: 学生的详细信息必须与学生所在日校学校的详细信息相符, 这样社区语言学校才能获得政府资助。

| nily name 姓: |
|--|
| t name 名字: |
| dle name(s) 中间名: |
| e of birth生日:/ Male男 |
| ne Address 家庭住址: |
| urb区:Postcode邮编: |
| dent's mainstream school name日校名字: |
| dent's mainstream year level 日校年级: |
| orian Student Number (VSN) (where known)*学生号:e <i>VSN is a nine-digit number</i> |
| r in which you are seeking to enrol this student at the MCES 您孩子组册几年级: |
| ndation 1 2 3 4 5 6 7 8 9 10 11 12 |
| tudent Australian Residency Status 学生澳大利亚居留身份 |
| tralian citizen/Permanent resident 澳洲公民 Fee-paying international student 海外学生 |
| er 其他 If Other please specify 请注明: |

Enrolment Form 注册表格 Campus 校区: Year level 年级: Parent/Guardian Details 家长/监护人信息 Name of Parent/Guardian 家长/监护人姓名: Relationship to student 跟学生的关系: Work phone 工作电话: ____ Mobile phone手机号码: Email 邮件地址: Name of Parent/Guardian 家长/监护人姓名: Relationship to student 跟学生的关系: ______ Work phone 工作电话: Mobile phone手机号码: Email 邮件地址: _____ Emergency Contact Details 如果紧急联系人不是家长请填好以下信息 (only complete if different from parent/guardian details) Relation to student 跟学生的关系: ______ Emergency contact phone 紧急联系人电话: ______ Medical Information 医疗信息 Does your child suffer from any medical condition 您的孩子是否患有任何疾病? (e.g. asthma 哮喘病, epilepsy 癫 痫, allergies 过敏, etc 其他.)? Yes 是 No 否 If Yes, please specify and provide a medical plan 如果是,请说明并提供医疗计划 (e.g. asthma 哮喘, anaphylaxis 过敏反应, etc.)

Is your child currently on any medication? 如果是, 请说明并提供医疗计划 (e.g. asthma 哮喘, anaphylaxis 过敏

If Yes, please specify 如果是, 请说明:

No 否

反应, etc.)

Yes 是

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| Campus 校区: Year level 牛级: | Campus 校区: | Year level 年级: |
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Privacy Collection Notice - Protecting your privacy and sharing information 隐私声明 - 保护您的隐私和共享信息

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 to educate or support your child, or to fulfil legal obligations including duty of care, anti-discrimination law, and occupational health and safety law. This includes using the contact information provided if there are any emergencies or medical issues. Residency status is checked to ensure that your child is eligible for funding. Your child's name, date of birth, and mainstream school name/s will be shared with the Department of Education (the Department) to confirm funding eligibility. The information collected will not be disclosed beyond the community language school or the Department without your consent unless such disclosure is lawful. For more about information-sharing and privacy, see the Department's privacy policy at Department of Education privacy policy | vic.gov.au

If you have any gueries about the handling of your information by the community language school or to correct and update your information please contact the school.

通过此入学表格收集的有关您孩子和家庭的信息将仅与学校工作人员共享, 这些工作人员需要知道这些信息, 以便 社区语言学校能够教育或支持您的孩子,或履行法律义务,包括注意义务、反歧视法和职业健康与安全法。这包括 在发生任何紧急情况或医疗问题时使用提供的联系信息。检查居住状态以确保您的孩子有资格获得资助。您孩子的 姓名、出生日期和主流学校名称将与教育部(教育部)共享,以确认资助资格。未经您的同意,收集的信息不会在 社区语言学校或教育部之外披露,除非此类披露是合法的。有关信息共享和隐私的更多信息,请参阅教育部隐私政 策上的教育部隐私政策 Department of Education privacy policy │ vic.gov.au 如果您对社区语言学校处理您的信息有任何疑问,或者需要更正和更新您的信息,请联系学校。

Parent/Guardian Privacy Consent and Declaration 家长/监护人隐私同意和声明

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 for the purposes mentioned in this form;
- the community language school disclosing my child's personal information contained in this enrolment form (name, date of birth, and mainstream school name), to the Department of Education for data verification and funding purposes

I understand that the Principal or teacher (where the Principal or teacher in charge is unable to contact me) is allowed to disclose personal and health information to professional third parties in the event of a medical emergency, in accordance with Victorian privacy law.

我确认本入学申请表上提供的信息真实准确,我承认并同意本入学申请表随附的入学条款和条件。我同意:

- 社区语言学校出于本表格中提到的目的收集我孩子的健康和个人信息;
- 社区语言学校向教育部披露本入学申请表中包含的我孩子的个人信息(姓名、出生日期和主流学校名称),用 于数据验证和资金用途

| 这理解,根据维多利亚州隐私法,校长或老师(如果校长或负责的老师无法联系到我)可以在发生医疗紧急情况 1专业第三方披露个人和健康信息。 |
|---|
| Name of Parent/Guardian 家长监护人姓名: |
| Signature of Parent/Guardian家长/监护人签名: |
| Date 日期:// dd mm yyyy |

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|------------|----------------|
| | |

Photographing, Filming and Recording Students at Melbourne Chinese Ethnic School

Annual Consent Form and Collection Notice

墨尔本中华民族学校学生拍照、录像及录音 年度同意书及收集通知

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, videos, 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 respectfully and safely 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 on CLS social media sites.

Please select one of the two options:

在学年期间,有许多场合和活动,教职员工可能会拍摄、录像或记录参加学校活动的学生。我们这样做的原因有很多,包括庆祝学生的参与和成就,或与我们的家长和学校社区沟通。

本通知适用于学校收集、使用和披露的学生照片、视频或录音。我们要求任何家长/监护人或我们学校社区的其他成员在学校活动(例如音乐会、体育赛事等)上拍摄、录像或记录学生时,以尊重和安全的方式进行,并且未经相关家长/监护人的许可,不得公开发布学生的任何照片、视频或录音("图像")(例如发布到社交媒体帐户)

如果您不理解本通知的任何方面,或者您想谈论您的任何疑虑,请联系社区语言学校。我同意对我孩子参加课堂或学校活动的照片或音频/视频进行录制,以便使用和分享

- 与学校的其他家庭分享,这些内容只会发送给我孩子所在班级的学校家庭。
- 在学校通讯中。
- 在学校网站、CLS 营销或 CLS 社交媒体网站上。

请选择以下两个选项之一:

| ☐ I agree to the community language school using photos, videos, or recordings of my child as |
|---|
| described above. 我同意社区语言学校使用我孩子的照片、视频或录音,如上所述。 |
| $\ \square$ I do not agree to the community language school using photos, videos, or recordings of my child as |
| described above. 我不同意社区语言学校以上述方式使用我孩子的照片、视频或录音。 |

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.

您可以随时撤回您的同意,但请注意,学校可能无法修改过去的出版物或撤回已经属于公共领域的图像。