

墨爾本中華中小學

Melbourne Chinese Secondary and Primary School

Corner Cromwell Street & McCutcheon Way Collingwood Vic 3066

www.melbourne-chinese-school.com Email: melbchineseschool@gmail.com

Mobile: 0423 662 494

Student Enrolment Form 2021

Student Details:

Family Name (Identical to day school) :	
First Name (Identical to day school) :	
Middle Name (Identical to day school) :	
學生中文姓名 :	
Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	Language Speak at home:
Current Year Level in Chinese School:	
Home Address:	
Telephone:	Mobile:
Email :	

Day School Details:

Full School Name of your Day School in 2020:
Year/Grade in your Day School in 2020:

Student's medical and health information:

Medicare No.:	
Private Health Fund Name (if any):	
Private Health Fund No. (if any):	
Name of Doctor (GP):	Telephone:
Address of Doctor/Medical Service:	
Does the student have any allergy or medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
I agree to reimburse Melbourne Chinese Secondary and Primary School (hereafter the school) any medical expenses or costs incurred by the school in relation to my child due to any medical conditions or injuries that occur during the school times. <input type="checkbox"/> No <input type="checkbox"/> Yes	

Parent 1/Guardian 1

Name:	中文姓名:
Mobile:	Email:

Parent 2/Guardian 2

Name:	中文姓名:
Mobile:	Email:

Other person to be notified in case of emergency

Name:	中文姓名:
Relationship to student:	Mobile:
Email:	

Authorized person to collect student

Name:	中文姓名:
Relationship to student:	Mobile:
Email:	

Siblings study at Melbourne Chinese Secondary and Primary School

Name:
Name:
Name:
Name:

Photo Approval 同意學校為你的孩子照相許可

I agree that from time to time, student's photographs may be taken for school record and/or promotional material for the school. No payment will be made to any students for the use of their photographs for this purpose. No Yes

Student Parent Full name: _____
Student Parent Signature: _____ Date: / /

For School use only

班級		老師	收據No.
幼兒班	五年級		金額 \$
學前班	六年級		付款方式
一年級	中學		經手人
二年級	VCE		經手人簽名
三年紀	成人班		
四年級			日期