



维多利亚省中华协会 Chinese Association of Victoria Inc.

ABN 60 558 714 821

8 Ashley Street Wantirna Vic 3152

Phone 03 9800 3388 email admin@cavinc.com.au web www.cavinc.com.au

2022 Enrolment Form

Please note: No payment is required until you receive an Invoice from CAV. The information collected is also to satisfy the Education Department requirements and must be provided accurately. Please talk to our Scholl Office Staff.

Date of Application: _____ / _____ / _____
dd mm yyyy

Grade to be enrolled for 2022: _____

Preference (please put preference numbers- at least 2 preferences required ie 1 or 2, etc)

Saturday AM: Sunday AM: .

Please provide any sibling details

Full Name	Date of Birth

Please review enrolment information and the packages being offered and advice

I would like to enrol in the

I attended CAV Language School in 2021 Yes No .

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.

Family name: (Please Print Name) _____

First name: (Please Print Name) _____

Middle name(s): (Please Print Name) _____

Date of birth: _____ / _____ / _____
dd mm yyyy

Male

Female



The Registered Charity Tick for CAV symbolises our commitment to transparency and accountability for our initiatives and your donations. CAV is a registered Incorporated Not For Profit Organisation.



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Home Address: _____

Suburb: _____ Postcode: _____

Student's mainstream school name: _____

Student's mainstream year level: _____

Is your child **currently** enrolled at **another** community language school to learn the **same** language?

Yes No

If Yes, which school? _____

Has your child **ever been enrolled** at another community language school to learn the **same** language?

Yes No

If Yes, which school? _____

Student Australian Residency Status

Australian citizen/Permanent resident Full-fee paying international student

Other If other, please specify: _____

Parent/Guardian Details

Name of Parent/Guardian: _____

Relationship to student: _____

Work phone: _____

Mobile phone: _____

Email: _____

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

Emergency contact name: _____

Relation to student: _____



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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:

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 council and 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, antidiscrimination 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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