



# 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  
Email: [cavschool@cavinc.com.au](mailto:cavschool@cavinc.com.au)

web: [www.cavinc.com.au](http://www.cavinc.com.au)  
Phone: 0478 438 578

## CAV Chinese School 2024 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.

### Student Details 1

**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.

Grade to be enrolled for 2024: \_\_\_\_\_

Saturday AM:  Sunday AM:  (Please choose one)

Please review enrolment information and the packages being offered and advice

I attended CAV Language School in 2023 Yes  No

Family name: (Please Print Name) \_\_\_\_\_

First name: (Please Print Name) \_\_\_\_\_

Middle name(s): (Please Print Name) \_\_\_\_\_

Chinese name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female   
dd mm yyyy

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? \_\_\_\_\_



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## Student Australian Residency Status

Australian citizen/Permanent resident  Full-fee paying international student   
Other  If other, please specify: \_\_\_\_\_

## 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:

\_\_\_\_\_

## Student Details 2

**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.

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First name: (Please Print Name) \_\_\_\_\_

Middle name(s): (Please Print Name) \_\_\_\_\_

Chinese name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
dd mm yyyy

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_



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Student's mainstream school name: \_\_\_\_\_

Student's mainstream year level: \_\_\_\_\_

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Other  If other, please specify:

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Yes  No

If Yes, please specify:

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## Student Details 3

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Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female   
*dd mm yyyy*

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Is your child currently on any medication?

Yes  No

If Yes, please specify:

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dd mm yyyy

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Yes  No

If Yes, which school? \_\_\_\_\_

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Other  If other, please specify:

## 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:

## 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: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_



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## 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.

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                  dd        mm        yyyy

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          dd        mm        yyyy