



# 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 School 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mm yyyy

Male ☐

Female ☐

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.

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

Male ☐

Female ☐

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

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



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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:

## 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 3

**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)



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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? \_\_\_\_\_

## 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 ☐



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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 4

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mm yyyy

Male ☐

Female ☐

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?



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Yes ☐

No ☐

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

## 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:

## 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



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

**Student Enrolment Fees for 2024**

	<b>early bird (\$)</b>	2024 school fees (\$)
kinder	400	400
prep	600	680
Year 1	600	680
Year 2	600	680
Year 3	600	680
Year 4	600	680
Year 5	600	680
Year 6	600	680
Year 7	650	720
Year 8	650	720
Year 9	700	780
Year 10	750	830
Year 11	1000	1100
Year 12	1100	1200

Students who enroll before **17 December 2023** will receive the early bird discount.

**Sibling discount:** every additional child will receive a 50 dollar discount

For example:

- A family with two children will receive a 50-dollar discount.
- A family with three children will receive a 100-dollar discount in total.
- A family with four children will receive a 150-dollar discount in total.

**If any other discount is used (except the early bird discount), the family will not receive the sibling discount (only one discount can be applied).**





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

Chinese Association of Victoria Chinese School 中华协会中文学校

Week	Saturday	Sunday	2024 Term 1
1	3-Feb	4-Feb	
2	10-Feb	11-Feb	
3	17-Feb	18-Feb	
4	24-Feb	25-Feb	
5	2-Mar	3-Mar	
6	9-Mar	10-Mar	
7	16-Mar	17-Mar	
8	23-Mar	24-Mar	
Week	Saturday	Sunday	2024 Term 2
1	20-Apr	21-Apr	
2	27-Apr	28-Apr	
3	4-May	5-May	
4	11-May	12-May	
5	18-May	19-May	
6	25-May	26-May	
7	1-Jun	2-Jun	
8	8-Jun	9-Jun	Mid-year test / 期中考试
9	15-Jun	16-Jun	
10	22-Jun	23-Jun	
Week	Saturday	Sunday	2024 Term 3
1	20-Jul	21-Jul	
2	27-Jul	28-Jul	
3	3-Aug	4-Aug	
4	10-Aug	11-Aug	
5	17-Aug	18-Aug	
6	24-Aug	25-Aug	
7	31-Aug	1-Sep	
8	7-Sep	8-Sep	
9	14-Sep	15-Sep	
Week	Saturday	Sunday	2024 Term 4
1	12-Oct	13-Oct	
2	19-Oct	20-Oct	
3	26-Oct	27-Oct	
4	2-Nov	3-Nov	
5	9-Nov	10-Nov	
6	16-Nov	17-Nov	
7	23-Nov	24-Nov	end of year exam/期末考试
8	30-Nov	1-Dec	Last day -Presentation Day 颁奖日 - 2024学年结束

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

## Membership Application Form 会员申请表格

Please read all conditions overleaf before completing this application.  
All information must be provided for membership to be considered.

☐ Ordinary Member (person of Chinese origin)

☐ Associate Member

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other (please specify)

Gender 性别 ☐ Male 男 ☐ Female 女

First Name 名 \_\_\_\_\_ (include Middle name if used on ID / Driver's Licence)

Last Name 姓 \_\_\_\_\_ Date of Birth 出生日期 \_\_\_\_\_ (dd/mm/yyyy)

Address 地址 \_\_\_\_\_

Suburb 地区 \_\_\_\_\_ Postcode 邮政区号 \_\_\_\_\_

Personal email 电邮 \_\_\_\_\_

Mobile / home number

Emergency Name and contact number

电话 \_\_\_\_\_ 紧急联络人及电话 \_\_\_\_\_

Occupation 职业 \_\_\_\_\_ Business Phone 工作电话 \_\_\_\_\_

Home Language 家中用语 \_\_\_\_\_ Dialect 方言 \_\_\_\_\_

### Family – include details of spouse and children under 18 as at 31 December of the year of membership.

家庭成员资料 包括配偶及 18 岁以下子女

First Name 名	Last Name 姓	Date of Birth 出生日期 (dd/mm/yyyy)	Relationship 关系	Occupation 职业 (if any)

I am interested in joining the following CAV Subgroups 我有兴趣参加协会的活动:

☐ Chinese School 中文学校

☐ Ballroom / Social Dancing 交谊舞

☐ Karaoke 卡拉 OK

☐ Table Tennis 乒乓球

☐ Tai Chi 太极

Please refer to CAV website [www.cavinc.com.au](http://www.cavinc.com.au) or CAV notice board for further details.

Applicant's Signature 申请者签名

Date 日期 \_\_\_\_\_

Proposer:

\_\_\_\_\_ print name and sign

Seconder:

\_\_\_\_\_ print name and sign

Payment method **Cash / Credit / EFT** (please circle)

Fees collected by \_\_\_\_\_ (print name)

Amount paid \_\_\_\_\_ Date \_\_\_\_\_



Membership Categories	Suitable for	One-of Joining Fee	Annual Fee Jan to Dec	Half-yearly Fee Jun to Dec
Ordinary*	Individual, spouse and family members under 18 years old	\$11	\$88	\$44
Associate*	Individual, spouse and family members under 18 years old	\$11	\$88	\$44

\* see conditions below

**Conditions:**

- An Australian citizen or permanent resident who is, and identifies as being of, Chinese ethnicity 18 years old or above, may apply to be an **Ordinary Member**. Any other person aged 18 years old or above may apply as an **Associate Member**. The spouse and children under 18 years old of the applicant as included in this application form will be considered for admission as members in their respective categories of membership.
- For a new member, a one-off joining fee of \$11 is payable. Member whose membership has **lapsed for more than 12 months** will need to pay a re-joining fee of \$11 plus the applicable membership fee to re-join.
- Membership is due for renewal on 1 January each year.
- Subscription fee for the full year (annual subscription fee) \$88 is payable on Renewals.
- Half-yearly subscription fee of \$44 is only applicable to a new membership application submitted in the period of June to December.
- No half-yearly subscription on Renewals.
- Proposer and Secunder must be financial members of The Chinese Association of Victoria Inc.
- By signing this application form, the applicant:
  - (a) agrees to abide by the Rules of the Association;
  - (b) signs this membership application on behalf of himself/herself and on behalf of spouse and children under 18 years old included in this application form;
  - (c) agrees that photographs of the applicant, spouse and children taken at all CAV events can be published in CAV website, newsletters or promotional materials, unless he/she notifies us otherwise.

A confirmation email will be sent to you after your application has been accepted. Please allow one month for processing.

All enquiries: [membership@cavinc.com.au](mailto:membership@cavinc.com.au)

Website: [www.cavinc.com.au](http://www.cavinc.com.au)