維多利亞省中华协会
Chinese Association of Victoria Inc.

ABN 60 558 714 821

8 Ashley Street Wantirna Vic 3152
Email: cavschool@cavinc.com.au
web: www.cavinc.com.au
Phone: 0478 438 578

CAV Chinese School 2025 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 2025: _____

Saturday AM: ☐ Sunday AM: ☐ (Please choose one)

Please review enrolment information and the packages being offered and advice

I attended CAV Language School in 2024 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.*

Grade to be enrolled for 2025: _____

Saturday AM: ☐ Sunday AM: ☐ (Please choose one)

Please review enrolment information and the packages being offered and advice

I attended CAV Language School in 2024 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: _____

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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 2025: _____

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Please review enrolment information and the packages being offered and advice

I attended CAV Language School in 2024 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 ☐

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 2025: _____

Saturday AM: ☐ Sunday AM: ☐ (Please choose one)

Please review enrolment information and the packages being offered and advice

I attended CAV Language School in 2024 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 ☐

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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Photographing, Filming and Recording Students at Chinese Association of Victoria

Annual Consent Form and Collection Notice

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:

☐ **I agree** to the community language school using photos, videos, or recordings of my child as described above.
☐ **I do not agree** to the community language school using photos, videos, or recordings of my child as described above.

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.

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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*

維多利亞省中華協會
Chinese Association of Victoria

Student Enrolment Fees for 2025

	earlier bird	2024 school fees
kinder	400	400
prep	630	730
Year 1	630	730
Year 2	630	730
Year 3	630	730
Year 4	630	730
Year 5	630	730
Year 6	630	730
Year 7	700	800
Year 8	700	800
Year 9	800	900
Year 10	800	900
Year 11	1200	1300
Year 12	1400	1500

Year 12 learning time change to 9:30 am to 14:00 pm

Students who enroll before **19 January 2025** will receive the earlier bird discount.

Sibling discount: every additional child will receive 50 dollar discount .

Sibling discount: every additional child will receive 50 dollar discount

For example:

A family with two children will receive 50 dollar discount.

A family with three children will receive 100 dollars discount in total.

A family with four children will receive a 150-dollar discount in total.

If any other discount applies (except the earlier bird discount), the family can not receive the sibling discount, only one discount can be applied.

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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

电话 _____

Emergency Name and contact number

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 Dancing 交谊舞 ☐ Tai Chi 太极

☐ Karaoke 卡拉 OK ☐ Table Tennis 兵乓球 ☐ Social Dance Group

Please refer to CAV website 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 Seconder 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
Website: www.cavinc.com.au