



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

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)

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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: ____ / ____ / ____
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Male

Female

Home Address: _____

Suburb: _____ Postcode: _____



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Student Details 3

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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 year level: _____

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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.

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First name: (Please Print Name) _____

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

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Date of birth: _____ / _____ / _____ Male Female
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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