Canberra Chinese School After School Chinese Program

@Red Hill Primary School

**Welcome to our After School Chinese Program (ASCP)@Red Hill Primary with our highly qualified and experienced teachers and tutors!**

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| ***Learning activity*** | The program provides Chinese language learning activities for students from Year 1 and above.  The teaching is in line with the ACT Mandarin Blueprint. Our teachers are all native Chinese speakers, who have extensive teaching experiences. We aim for the students to learn Chinese effectively in a fun and natural environment, progressing through with plenty engaging fun activities at affordable prices.   1. The Canberra Chinese School (CCS) is an independent and non-commercial community language school, running weekend classes at Radford College, Palmerston Primary and Canberra College and after school Chinese classes. Our mission is to promote the learning of Chinese language in the community and local schools. For more information please visit our school website at [www.canberrachineseschool.net.](file:///Y:\CanberraChineseSchool\www.canberrachineseschool.net) 2. This After School Chinese Program (ASCP) is designed for all background students. The two hours and 15 minutes learning program on Wednesdays consists of small learning sessions with breaks between each session. We currently have learning groups to facilitate the learning and meet different learning needs. 3. The learning materials are in line with the National Curriculum and will support the students in choosing a second language at secondary schools. |
| ***Number of sessions*** | 10 sessions/term |
| ***Session date*** | Start from Wednesday 3 February 2021 |
| ***Session time*** | Wednesday afternoon  3:15-5:30pm ( **2 hours and 15 minutes)** |
| ***Venue*** | Art Room and an adjacent room |
| ***Term fee*** | $250/term (including $20 textbook fee) |
| ***Class size*** | 8-20 students (minimum enrolments of 8 students required for running this program). **Note this program is for Year 1 and above students only.** |
| ***Enrolment method*** | 1. Email the scanned enrolment form (parent signature required only) to limaoru151@gmail.com 2. Hand in the original paper form (with the school signature/stamp) to the class teachers when the next term commences.   **Please note the attached Enrolment Form is requested by the ACT government and you need to fill out the form every year for your child.** |
| ***Last enrolment/payment date*** | By Sunday 21 Sunday 2020  Late enrolments will be considered if places are available. |
| ***Last date of confirming enrolment*** | By Thursday 24 Sunday 2020 |
| ***Payment method*** | Electronic Bank transfer details   * Account name: CLCA * BSB Number: 112-879 * Account number: 432663465   Payment reference is ‘Red1+Student surname+initial’ (e.g. Red1 SmithA) |
| ***Contact person*** | Ms Kally Li  Email: limaoru151@gmail.com  Please direct all enquires to me instead of Red Hill Primary School to get a response as soon as possible. |
| ***School website*** | [www.canberrachineseschool.net](http://www.canberrachineseschool.net)  Enrolment form: <https://www.canberrachineseschool.net/ccs-newsletters> |

**ACT COMMUNITY LANGUAGE SCHOOLS ASSOCIATION (ACT CLSA)**

**ENROLMENT FORM – Year 2021**

**Name of Language School: Canberra Chinese School Language: Chinese**

**Attention: Please submit the ORIGINAL Form. Email and photocopies not accepted**

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| **STUDENT’S PERSONAL DETAILS**  Family name:  Given name:  Date of birth: / /…….  Gender: (Male/Female)  Address:  Suburb:  Postcode:  Telephone:  Day School attending:  Year Level in Day school:  Canberra Chinese school campus: Red Hill  Level in Canberra Chinese school (please circle one): Beginner / Intermediate  **\*\*Important: Please circle one**:  Temporary Resident / Permanent Resident / Citizen | | **1. PARENT/GUARDIAN’S DETAILS**  Family name:  Given name:  Relationship to student:  Country of Birth:  Languages spoken:  Emergency contact No:  Email: ……………………………………………………………………………..  **2. PARENT/GUARDIAN’S DETAILS**  Family name:  Given name:  Relationship to student:  Country of Birth:  Languages spoken:  Emergency contact No:  Email: …………………………………………………………………………….. | |
| Signature of Parent/Guardian: ……………………………………………. (Parent/Guardian)  Name (Please print)………………………………………………………………………………….  Date: ……./……./……. | | | |
| **ACCIDENT DECLARATION**  In the event of illness or injury to my child whilst at school, or on an excursion, or travelling to or from school,  I authorise the Principal or senior staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and/or operations. (Strike out if consent is not given for any of these procedures).  Signature of Parent/Guardian: | | | |
| **To be completed by student’s day school**  **NAME OF SCHOOL:**  ..............................................................................  **DECLARATION BY PRINCIPAL/DELEGATE OF STUDENT’S DAY SCHOOL**  I certify that the applicant is a student in full - time attendance at this school and in the year level stated above.  The school has noted that the student is studying an additional language at the above Community Language School. | | | |
| Name of Principal or Delegate  …………………………………….....  Date: ……./……./ ……. | Signature of Principal or Delegate  .………………….……………………….. | | (**Official stamp of school**) |