

**ACT COMMUNITY LANGUAGE SCHOOLS ASSOCIATION (ACT CLSA)  
ENROLMENT FORM - 2020**



**NAME OF SCHOOL: Canberra Chinese School**

**Language: Chinese (Mandarin)**

<p><b>CANBERRA CHINESE SCHOOL ENROLMENT DETAILS</b></p> <p>Campus location:.....                  Options: Bruce / Gungahlin / Woden / Red Hill / Harrison                  Chinese Grade level (please circle): Kindy / Year 1/ Year 2/ Year 3/ Year 4/ Year 5/Year 6/Year 7/Year 8</p> <p><b>STUDENT'S PERSONAL DETAILS</b></p> <p>Family name:.....                  Given name: .....                  Date of birth:...../...../.....                  Sex: ..... (Male/Female)                  Address: .....                  Suburb:.....                  Postcode:.....                  Telephone: .....                  Day School attending: .....                  Year Level in day school: .....                  Level in community language school: .....                  Are you a Permanent or Temporary Resident or Australian Citizen?                  .....</p>	<p><b>1. PARENT/GUARDIAN'S DETAILS</b></p> <p>Family name:.....                  Given name:.....                  Relationship to student:.....                  Country of Birth: .....                  Languages spoken: .....                  Emergency contact No:.....                  Email: .....</p> <p><b>2. PARENT/GUARDIAN'S DETAILS</b></p> <p>Family name:.....                  Given name:.....                  Relationship to student:.....                  Country of Birth: .....                  Languages spoken: .....                  Emergency contact No:.....                  Email: .....</p>
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Name of Parent/Guardian: ..... (Please print)

Signature of Parent/Guardian: ..... (Parent/Guardian)      Date: ...../...../2020

**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**

**DAY SCHOOL ATTENDED BY STUDENT:** .....

**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: ...../...../2020	Signature of Principal or Delegate  .....	(Official stamp of school)
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