



天主教亞洲中心中文學校

ASIANA CENTRE CATHOLIC CHINESE SCHOOL

Office: 38 Chandos Street, Ashfield, NSW, 2131 SMS: 0408002875

School: **Strathfield North Public School**, 251 Concord Road, N Strathfield NSW 2137

學生報名/登記表

STUDENT APPLICATION / REGISTRATION FORM

就讀 粵語 / 華語

Enrolling in CANTONESE / MANDARIN class

學生姓名 中文

男 / 女

Applicant's NAME in CHINESE _____

MALE / FEMALE

學生姓名 英文

Applicant's NAME in ENGLISH _____

出生日期

出生地點

Date of Birth _____ Country of Birth _____

所就讀之日間學校

年級

Applicant's Day School _____ Class _____

學校地址及地區

(No. Street name & Suburb) _____

宗教

Applicant's Religion _____

家中常用語言

Main Language used by Applicant at home _____

父母 / 監護人 姓名

Parents' / Guardians' Names _____

父母 / 監護人 職業

Parents' / Guardians' Occupation _____

住址

郵區號碼

Home Address _____ Postcode _____

住宅電話/Home Telephone No. _____ Email _____

如遇緊急事故時,教師可通知 / 電話

In case of emergency during school hours, Teachers should contact _____ on Telephone

No. _____

父母 / 監護人同意:

1. 貴子弟妹急需時由校方決定送往就近醫療機構 是 / 否

2. 貴子弟妹之個人資料提供紐修威社區語言學校資助計劃 是 / 否

Permission from Parents / guardians for their child / ward to be taken to the nearest doctor / hospital in case of urgent medical treatments? Yes / No

Permission from Parents / guardians to supply the personal information of their child / ward to the N.S.W Community Language School Programme? Yes / No

請註明貴子弟有任何需要注意之醫療問題

Please indicate whether your child / ward has any allergies and / or special medical conditions _____

監護人簽名

日期

Parents' / Guardians' Signature _____ Date _____

備註

Special Remarks _____