

墨爾本華人浸信會中文學校 Melbourne Baptist Chinese School

二零____年入學報名表 Enrolment Form for Year 20____

學生資料 Student Information				
姓氏 Surname	中文 In Chinese	名字 First Name	中文 In Chinese	性別 Gender 男 Male / 女 Female
	英文 In English		英文 In English	報讀班級 Class Enrolling
出生日期 Date of Birth		母語 Native Language		
出生國家 Country of Birth		來澳日期(非澳洲出生) Date arrived in Australia (not born in Australia)		
就讀日校名稱 Name of Day School		就讀於本校的兄弟姊妹 Siblings in this school		
20__年就讀日校班級 Year Level in 20__ Day School		姓名 Name	班級 Year Level	年度 Year
		1) _____	_____	_____
		2) _____	_____	_____
		3) _____	_____	_____

家長/監護人資料 Parent/Guardian information	
姓名 Name (Mr/Miss/Mrs/Ms)	
與學生關係 Relationship to Student	電話 Telephone
所用語言 Language Spoken	手提電話 Mobile
住址 Address	電郵 E-mail
	宗教 Religion

父母以外之緊急聯絡 Emergency Contact (if parents cannot be contacted)	
姓名 Name (Mr/Miss/Mrs/Ms)	
電話 Telephone	手提電話 Mobile

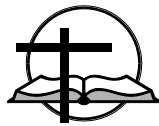
請翻到後頁繼續填寫 Please turn over

通訊地址：

墨爾本華人浸信會 Melbourne Chinese Baptist Church

Correspondence Address : 75A Cotham Road, Kew, VIC 3101, Australia Tel/Fax : (613) 9855 2868

www.mcbs.org.au



醫療資料 Medical Information	
學生敏感之藥物或食物 Food/Medical Allergies	
Medicare No.	
救護車用戶 Ambulance Cover	是 Yes / 否 No
校方在緊急情況下，若校方無法聯絡本人，本人同意校方為學生進行有需要之急救安排。Where the school is unable to contact me, or it is otherwise impractical to contact me, I authorize the school to administer first aid when necessary, and to consent to my child first aid treatment as deemed necessary.	是 Yes / 否 No

其他資料 General Information	
本人同意校方使用學生之作業、功課或有學生肖像之照片或影片作公開展覽或製成印刷刊物、電腦光碟、VCD 或 DVD 作教學或介紹學校之用。I agree the school to show the homework or worksheet of the student in public, and/or use photos or videos which may contain the image of the student in publication, computer CD-ROM, VCD or DVD for the purpose of teaching or introducing the school.	是 Yes / 否 No
本人同意家長會取用學生資料。I give permission for the Parents' Association to access student information.	是 Yes / 否 No

備註 Note:

如不同意以上任何項目，敬請另函通知。Should you not agree with any of the above, please notify in writing.

家長/監護人簽署

日期

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

學校專用 Office Use Only		No.: _____
面見日期 Date of Interview ____ / ____ / 20__	負責面見老師 Interviewed By	
	簽署 Signature _____	
被取錄班級 Class Assigned	姓名 Name _____	