

澳大利亚标准中文学校

澳大利亚汉语国际推广中心

澳大利亚首都地区教育部课程资格认证学校

澳大利亚堪培拉汉语考试中心

Accredited & Registered Specialist Education Provider in ACT

HSK Chinese Test Centre Canberra Australia

AUSTRALIAN SCHOOL OF CONTEMPORARY CHINESE

Incorporate as Standard Chinese School of Australia (SCSA) Inc

Established in ACT since 2003

Mailing Address: P. O. Box 5270, Lyneham, ACT 2602

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www.standardchineseschool.act.edu.au

学生注册登记表

ASCC STUDENT ENROLMENT FORM

学生情况 Student Information	
中文名字 Chinese Name: _____	英文名字 English Given Name: _____ Surname: _____
性别 Sex: 男 Male: _____ 女 Female: _____	出生日期 DOB: _____ 年 Year _____ 月 Month _____ 日 Day _____
中文课: 学前班 小学班 中学班 大学预备课程 个别辅导 HSK Chinese 英语 数学	Subjects: Prep Primary Secondary T Course Coaching 汉考班 English Maths
才艺课: 手工 舞蹈 拉丁舞 武术 书法 古筝 绘画 中国象棋 合唱 葫芦丝	Subjects: Handcraft Dance Latin Dance Martial Arts Calligraphy Guzheng Chinese Painting Choir Cucurbit Flute
报读年级: _____ 年级: _____ 校区: 北校区 西校区 东校区 南校区 中校区	Grade for Enrolment: Level: _____ Campus: Gungahlin Belconnen Red Hill Woden Civic
家庭住址: _____ 地区 _____ 州 _____ 邮政编码 _____ 电话: _____	Address: _____ Suburb _____ State _____ Post Code: _____ Phone: () _____
就读英文学校: _____ 年级: _____	The English School Enrolling: _____ Level: _____

家庭情况 Family Information

父母或监护人 Parents or Guardians:	
称 号: 小姐 Miss: _____ 女士 Mrs: _____ 先生 Mr: _____ 博士 Dr: _____ 教授 Prof: _____	
姓 名: 姓 Surname: _____ 名 Given Name: _____	
联系详情: 电话 Phone: _____ 传真 (Fax): _____ 手机 Mobile: _____	
电子邮件 E-mail (非常重要 Very important): _____	填表日期 (Date): _____
近亲紧急联络人和电话:	
Authorised Contact person for Emergency: _____	签字 (Signature) _____

Please tick ☐ 我同意学校使用我子女的照片公开宣传学校 I give permission to use photographs of my child (children) attending ASCC classes and activities for purpose of promoting the school program.

Please tick ☐ 我同意学校在我子女遭受事故和疾病时采取包括住院等医疗措施, 并同意负担所发生的一切费用。 I authorise the beneficiaries to obtain any medical assistance which is in the opinion of the beneficiary necessary for the student (s), including hospital accommodation in the event the student (s), suffers any accident or illness. In the event that medical expenses are incurred, I agree to pay these expenses.

学校专用 School Use Only

注册官 School Registrar: _____	签字 Signature: _____
学费 Tuition Fee: 学期 (1) _____ 学期 (2) _____ 学期 (3) _____ 学期 (4) _____ 全年 (W/Y) _____	
学科 Subject: _____	教材费 (全年) Teaching Materials Fee (Whole year): _____
教材 Textbook: _____	练习册 Workbook: _____ 辅助材料 Supplementary Materials _____
教师 Teacher in Charge: _____	年级 Level: _____
家长签字 Signature: _____	日期 Date: _____ / _____ / _____

注 (Note): 1. 学生年级分班以入学时测试为准 Students are placed into different levels according to their actual skills and level by the entry tests. 2. 中文班学费每半年交纳一次, 其他班按学期交费, 教材费全年一次交清。 Chinese class fees are charged on the semester's basis and other classes are charged by term. Fee for teaching materials are charged per annum. 3. 学生或学生家长可以将学费直接转入学校帐户 You may use electronic facilities to transfer tuition and materials fees. 4. 学校开户银行: **Banking Details: A/N: Australian School Contemporary Chinese (ASCC); Bank: CBA; BSB No. 062 904; A/C. 1034 5608.** 银行转帐或直接存款, 请写明存款人的姓名, 以便确认 Please place the depositor's name for identification.。