INNER WEST VIETNAMESE COMMUNITY LANGUAGE SCHOOL INC.

NSW Community Languages Schools Program

Student enrolment and parent/carer consent form

240914 1310

| This enrolment and parent/ca Student details provided on the form should | | | | | udent's d | | | | | o be | |
|--|----------|----------|----------------|-----------------------------|-----------|---------|-----------|-------|--------|------|------|
| completed for each student annually. | | | | | | | | | | | |
| A. Student details | | | | | | | | | | | |
| Family name | : 1 | | | | | | | | | | |
| First given name | : | | | | | | | | | | |
| Second given name | • | | | | | | | | | | |
| | | | | | | | | | | | |
| Preferred first name | : | | | | | | | | | | |
| Gender | Male | | Fem | ale | | | Date of b | irth: | / | / | ••• |
| Name of community language school | INNE | R WES | ST VIETN | AMSE (| COMMU | NITY | LANGUA | GE SC | HOOL | | |
| IBN ID: XXX | Date o | of enro | lment at th | is schoo | l: | | / | | / 2024 | | |
| Vietnamese Class | K | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| DAY SCHOOL ATTENDED | | | | | | | | | | | ••• |
| Please provide details of the day school where t | he stude | nt is cu | rrently enre | olled. | | | | | | | |
| Name of day school attended | : 1 | | 1.5 | | | | | | | | |
| Location of day school (suburb/town) | | | | | | | | | | | |
| | | | | | | | | | | | |
| and the second and th | | | | | | | | | | | |
| and the second and th | day sch | | | | | | | | | 10 1 | 1 12 |
| and the second and th | day sch | | | | | | | | | 10 1 | 1 12 |
| In which year is this student enrolled in their | - | ool? (C | Circle only | one box) | K 1 | | | | | 10 1 | 1 12 |
| In which year is this student enrolled in their B. Parent/Carer 1 with whom the | - | ool? (C | Circle only | one box) ally li | K 1 | 2 3 | | | | 10 1 | 1 12 |
| In which year is this student enrolled in their | - | uden | Circle only | one box) ally li | K 1 | 2 3 | | | | 10 1 | 1 12 |
| In which year is this student enrolled in their B. Parent/Carer 1 with whom the state of the st | his stı | uden | Circle only | one box) ally li | K 1 | 2 3 | | | | 10 1 | 1 12 |
| In which year is this student enrolled in their B. Parent/Carer 1 with whom the state of the st | his stı | uden | t norma | one box) ally li Male | K 1 | 2 anale | | 6 7 | 8 9 | | 1 12 |
| B. Parent/Carer 1 with whom to the tritle (Mr/Ms/Mrs/Dr) Relationship to student (mother /father) Family name Given name | his stı | uden | t norma | ally li Male | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | 1 12 |
| B. Parent/Carer 1 with whom to the state of | his stı | uden | t norma Gender | ally li | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | 1 12 |
| B. Parent/Carer 1 with whom to the tritle (Mr/Ms/Mrs/Dr) Relationship to student (mother /father) Family name Given name | his stı | uden | t norma Gender | one box) ally li Male | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | |
| In which year is this student enrolled in their B. Parent/Carer 1 with whom the student (Mr/Ms/Mrs/Dr) Relationship to student (Mother Infather) Family name Given name Country of birth Residential address Facebook name | his stu | uden | t norma Gender | one box) ally li Male | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | |
| B. Parent/Carer 1 with whom to the tritle (Mr/Ms/Mrs/Dr) Relationship to student (mother /father) Family name Given name Country of birth Residential address Facebook name NAME OF PARENT/CARER TO CONTACT NAME OF PARENT/CARER TO CONTACT Residential address | his stu | uden | t norma | one box) Ally li Male | K 1 | 2 3 | 3 4 5 | 6 7 | 7 8 9 | | |
| In which year is this student enrolled in their B. Parent/Carer 1 with whom the student (Mr/Ms/Mrs/Dr) Relationship to student (Mother Ifather) Family name Given name Country of birth Residential address Facebook name NAME OF PARENT/CARER TO CONTPhone number (Mobile) | his stu | uden | t norma | one box) | K 1 | 2 3 | 3 4 5 | 6 7 | 7 8 9 | | |
| B. Parent/Carer 1 with whom to the tritle (Mr/Ms/Mrs/Dr) Relationship to student (mother /father) Family name Given name Country of birth Residential address Facebook name NAME OF PARENT/CARER TO CONTRACT (mobile) Contact email address | his stu | uden | t norma | one box) ally li Male | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | |
| B. Parent/Carer 1 with whom the state of the | /carer) | uden | t norma | one box) ally li Male | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | |
| B. Parent/Carer 1 with whom the state of the | /carer) | uden | t norma | one box) ally li Male | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | |
| B. Parent/Carer 1 with whom to the tritle (Mr/Ms/Mrs/Dr) Relationship to student (mother /father) Family name Given name Country of birth Residential address Facebook name NAME OF PARENT/CARER TO CONTROLL Phone number (mobile) Contact email address Relationship to student NAME OF PARENT/CARER TO CONTROLL NAME OF PARENT/CARER TO CONTROLL NAME OF PARENT/CARER TO CONTROLL Phone number (mobile) | /carer) | uden | t norma Gender | one box) ally li | K 1 | 2 a | 3 4 5 | 6 7 | 7 8 9 | | |
| B. Parent/Carer 1 with whom to the state of | /carer) | FIRST | t norma Gender | one box) ally li | K 1 | 2 anale | 3 4 5 | 6 7 | 7 8 9 | | |

The personal information collected on this information form is for purposes directly related to your child's attendance at a community languages school, including the processing of applications for grant funding from the NSW Community Languages Schools Program, administered by the NSW Department of Education and communities. The community language school is responsible for advising the NSW Department of Education and Communities of any corrections required to the electronic database. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the community language school.

Consent and declaration

I have provided information related to the student in this enrolment form. I consent to providing information contained on this enrolment form to the Department of Education and Communities to confirm the accuracy of the information with other organisations that may also hold information related to the student named on page 1. I have read the information on this page concerning the collection of personal information. I declare that the information provided in this enrolment form is, to the best of my knowledge and belief, accurate and complete. Where I have given personal information about other people I have done so with their authorisation.

Permission to publish student's work or photographs

Kính thưa Phụ Huynh,

Chúng tôi mong sự cho phép của quý vị cho các hình ảnh của con em quý vị được trưng bài trong các hoạt động của trường và trên mạng cũng nhu trên Facebook của trường.

Dear parent or caregiver,

We are seeking your permission for photographs of students below to be taken during school activities and to publish the photographs and or work on

TRƯỜNG VIỆT NGỮ INNER WEST

School's Newsletter, School's Website, Facebook, etc.

If published, third parties would be able to view the photographs and/or work.

If you sign this form it means that you agree to the following:

INNER WEST VIETNAMESE COMMUNITY LANGUAGE SCHOOL

Name of Community Language School

Be able to photograph and publish photographs/work of your child as many times as it requires in the ways mentioned above.

- 1. Your child's photograph/work may be reproduced either in colour or in black and white.
- 2. Your child's photograph/work will not be used for any purpose other than for general promotion of languages education in Community Language School.
- 3. Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.
- 4. While every effort will be made to protect the identity of your child, the Community Language School cannot guarantee that your child will not be able to be identified from the photograph/work.

| Signature of parent/cares (at least one of the student's parents/carers must sign the enrolment form, |
|---|
| |
| |
| Print name |
| |
| Date// 2024 |