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Ao Yu Chinese School

澳宇中文学校

Contacts: 0405 008 388 E: aoyu.info@gmail.com W: www.aoyu.org.au Address: Doonside Technology High School, 15 - 37 Power Street, Doonside NSW 2767

ENROLLMENT FORM (for Adult students)

1.	Your Details						
	Given Name		Surname		_ Gender: M/F	Date of Birth: / /	
	Mobile	Email			Home Phone		
	Residential Add	lress:					
2.	Emergency Cor	ntacts					
	Name	Name Relationship			Mobile	Tel	
3.	Your Chinese Class Day and Time (just leave it blank if you don't know):						
	Day and Time:						
4.	Have you ever learned Chinese before? Yes / No						
	If yes, when			where		what level	
5.	Would you like to give permission to our staff to make treatment or arrangement for you during emergency? No Yes (Medicare Card No Reference No)						
6.	Are you allergio	c to anything?	No	Yes (please	e specify)
7.	Do you have an	y disability?	No	Yes (please	specify	Need any help)
8.	Do you reject the school to use your photo if the school may use your photo for communication or publishing? Reject to use No rejection						
9.	How did you fin			ent (which n	nedia:	_) other (give details)	
10	. Method of Payr	nent					
	 Deposit into school account: Ao Yu Chinese School (AYCS), BSB: 032-382 Account No: 372403 Pay cash in person 						
De	eclaration:						
stu to	ıdent at any time i	f the student v	iolates t	the school ru	les seriously, an	hool reserves the right to d d the school can deduct the nt is to discontinue school	e credit up
		Signature			Da	te	
	Note: please return your completed Enrelment Form via Email. Thank you!						