

Enrolment Form



S.C.A.L.E.

GENERAL INFORMATION	
Student Name(s):	
School:	
Age(s):	
Parents or Guardians Names:	
Address:	
Email:	
Tel:	
EMERGENCY CONTACT & MEDICAL INFORMATION	
Contact Name:	
Tel:	
Relationship:	
Allergies:	
CLASS INFORMATION	
Preferred location:	
Time:	
Have your children studied Mandarin before? If so, when and for how long?	
Do they speak Mandarin at home?	
How did you hear about us?	



SCALE

11 Cole Street Brighton VIC 3186

Tel: 03 9596 1756

Mob: +61 421 709 414

Email: olga@accschinese.com

www.accschinese.com

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Please note:

We reserve the right to refuse enrolment to anyone for any reason at any time.

Although our centres have a duty of care to your child(ren)'s safety and welfare whilst attending the classes, our centres will do their best to contact you in case of an emergency. As such, it is your responsibility to keep the centre updated on your latest contact details.

Step 1: Print out this Form

Step 2: Complete the Form and then scan it or take a photo of it

Step 3: Email us your completed Form to olga@accschinese.com



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