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| **家长/监护人确认声明** **注册西澳大利亚州教育证书（WACE）语言课程** 学生姓名： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_学校名称： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_我确认已阅读本申请。我确认，本申请中填写的内容准确无误。姓名： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_签名： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期： \_\_\_\_/\_\_\_\_/\_\_\_\_\_家长/监护人联系电子邮件：

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当前住址：门牌号/街道：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_区域：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_邮编：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***学生在申请注册许可时提供虚假或误导信息属于违反考试规定行为，***

***因此可能会被该课程除名，或者学校课程和标准管理局（School Curriculum and Standards Authority）会删除学生在该课程中的成绩记录。***