

中文學校註冊申請表

Chinese School Registration Application Form

上學期 (1st Semester) 下學期 (2nd Semester) _____ 學年度 (School Year)

一、學生資料 (Student Information) 請力求字體工整 (Please Print)

1. 第一位學生 新生 (If new student, please check this box) 年級 (Apply for Grade) _____

學生號碼 _____ 中文姓名 _____ 英文姓名 _____, _____
Student ID Chinese Name English Name Last First M.I.

醫師姓名/電話 _____ 牙醫姓名/電話 _____
Physician's Name/Phone Dentist's Name/Phone

2. 第二位學生 新生 (If new student, please check this box) 年級 (Apply for Grade) _____

學生號碼 _____ 中文姓名 _____ 英文姓名 _____, _____
Student ID Chinese Name English Name Last First M.I.

醫師姓名/電話 _____ 牙醫姓名/電話 _____
Physician's Name/Phone Dentist's Name/Phone

3. 若有第三位以上的學生，請利用背面繕寫所須資料，並在空格中作記號。
(Please check this box if additional student information is indicated on the back of this form)

二、家庭資料 (Family Information) 請力求字體工整 (Please Print)

父親/監護人姓名 _____, _____ 職業 _____ 公司電話 _____
Father's/Guardian's Name Chinese English Last English First M.I. Occupation Office Phone

電子郵件地址 (email): _____

母親/監護人姓名 _____, _____ 職業 _____ 公司電話 _____
Mother's/Guardian's Name Chinese English Last English First M.I. Occupation Office Phone

電子郵件地址 (email): _____

住址 _____ 住宅電話 _____
Home Address Street City State/Zip Home Phone

緊急情況聯絡人/電話 _____ 醫院 _____
Emergency Contact, other than parents/Phone Hospital Preference

三、Parent's/Guardian's Statement

I hereby authorize school officials to administer first aid and/or take my child to physician of hospital for emergency treatment in the event if appears necessary and neither parent/guardian can be contacted. I understand that Deh-Ming Chinese School will take the necessary precautionary measures for the safety of my child during school hours. I will not hold the school staff or the Board of Directors responsible in case of accident and I will be responsible for all charges incurred in case of medical emergency.

I hereby certify that the above information is complete and accurate.

家長/監護人簽名 _____ 日期 _____
Signature of Parent/Guardian Date