

僑心國語學校

Chiao Hsin Chinese Language School

二〇一七年暑期班註冊單 2017 Summer Program Registration Form

學生資料 (Student Information)

中文姓名	English Name	生日 DOB mm/dd/yy	性別 Gender	年級 Grade (after summer)
家中語言 (Home Language): <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Others:				
英文學校 English School		<input type="checkbox"/> Have never learned Chinese <input type="checkbox"/> Have Learned Chinese for _____ years		
Current Chinese Class Level 目前中文課班級:				
<input type="checkbox"/> Beginning 1 小一班 <input type="checkbox"/> Intermediate 1 中一班 <input type="checkbox"/> Intermediate 3 中三班 <input type="checkbox"/> Beginning 2 小二班 <input type="checkbox"/> Intermediate 2 中二班 <input type="checkbox"/> Advanced 2 高班				

父母或監護人資料 (Parents or Guardians Information)

父親姓名 Father's Name		Tel: (W) (C)
父親電子郵件 Father's e-mail		
母親姓名 Mother's Name		Tel: (W) (C)
母親電子郵件 Mother's e-mail		
住家地址: Home Address:		家中電話 Home Tel

緊急事件通知人 (Emergency Contact)

姓名 Name		Tel: (W) (C)
------------	--	-----------------

家長授權可接學生者 (Authorized personnel to pick up the student)

姓名 Name		Tel: (W) (C)
姓名 Name		Tel: (W) (C)

家庭醫生(Family Doctor)

姓名 Name		Tel:
------------	--	------

授權急救及免責聲名 (Medical Authorization)

I request that the above named student(s) be permitted to participate in Chiao Hsin Chinese School activities. He/she is in good physical condition, but in case of illness or accident, Chiao Hsin has my authority to secure necessary medical attention. I will not hold Chiao Hsin and its officers or teachers liable for medical aid rendered and will reimburse Chiao Shin for medical and other expenses in his/her case. I am hereby waiving all claims against Chiao Hsin, its officers or teachers, and the campus provided by the Western International Insurance Company for illnesses, accidents, injuries or deaths occurring at the school, and the school bus provided by the DURHAM Transportation Co.

家長或監護人簽名 Signature of parent or guardian: _____ Date: _____