紐約華僑學校學生報名註冊表 NEW YORK CHINESE SCHOOL STUDENT ENROLLMENT FORM

		註冊日期 Date	of registration:	月 mon	th⊟ da	ay <i>2</i>	年 year		
□ 新生 new student	و المطالحة			A. Deed	-AP-4				
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學生中文姓名 Student Chinese	Namo	<u> </u>			_ Age 年齡:				
字主中文姓名 Student Chillese	Name	学生失义灶台 Studi	ent english name		Age 平廠 Gender 性別:		□女 F		
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現在就讀之公立學校 PUBLIC SCHOOL currently enrolled: 出生日期 date of birth:									
年級 Class Grade: 月 month 日 da						日 day	∓ Year		
族裔 Ethnicity: Asian 亞裔 African American 非裔美國人 Hispanic/Latino 西班牙裔/拉丁裔 White/Caucasian 白人Native American 美洲原住民 Native Hawaiian/Other Pacific Islander 夏威夷原住民/其他太平洋島民 Other 其他									
家長/監護人聯絡資訊 PARENT/GUARDIAN CONTACT									
中文姓名 Chinese Name: 英		英文姓名 English Name: 電話 Phon							
			電車	郵 Email:					
地址 Address:									
與學生之關係(relation to the student) □父親 Father □母親 Mother □祖父母 Grandparents □伯叔舅 Uncle □姑姨伯母嬸 Aunt □其他 Other									
緊急聯絡人 2 ND person to contac				務必填寫 Ml	JST provide a	second co	ontact		
中文姓名 Chinese Name:		英文姓名 English Na		話 Phone:					
			電車	郵 Email:					
地址 Address:									
與學生之關係(relation to the student) □父親 Father □母親 Mother □祖父母 Grandparents □伯叔舅 Uncle □姑姨伯母嬸 Aunt □其他 Other									
報名課程 Enrolled for 2019 年									
Semester:	班 Fall		压 Spring		E Summer				
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備註: 1. 每學期開學滿三週後次日 2. 遲註冊者需多繳 20 元手續 自課程第三週至期中辦理注 Note:	,即停止註冊報名) 費。開學後二週內 艮學者可退學費之	就讀。 欲退費者,需扣線 30%,但期中後,	效 50 元手續費 恕無法退費	, o					
 The deadline for registration in all semesters is the day right after the program has started for 3 weeks. Late registration fee \$20 is required. Refund in the beginning 2 weeks of the program is acceptable but with the charge of cancellation fee \$50. From 3rd week to the mid of the program, 30% of the tuition paid can be refunded. We apologize that after the mid of the program, refund is not be acceptable. 									
學生健康概況訊息 GENERAL INFORMATION ABOUT STUDENT'S HEALTH CONDITION									
□對食物過敏(請註明)Allergic to food (please				711011					
□ 其他過敏(請註明)Allergic to other allerger									
Diagnosed Health Related Problems:									
□ 哮喘 Asthma □ 身體障礙 Physical Dis									
□ 行為/情绪問题 Behavioral/Emotional Issues 是否有需要治療或服用藥物的特殊護理需求?		<u> </u>	ers						
□ 否 NO □ 是 YES(如果是,請註明 If ye			dication:						
是否不能參加某些活動?Are there any activities									
□ 否 NO □ 是 YES(如果是,請註明 If yes	s, please specify):								
*其他注意事項Others: (please specify):									
家長/監護人同意 PARENT/GUARDIAN CONSCENT									
我授權紐約華僑學校的工作人員在必要時為我	的孩子獲取急診醫療救治	台·並同意接受任何有執	照的醫院、診所	或醫生的緊急治療。					
在同時間工作人員會聯繫我。									
In case of an accident/emergency, I give my permission and authorize school staff to request emergency treatment offered by any									
officially licensed paramedics/doctors/health professionals from hospital or clinic and at the same time notify me immediately. □ 是 · YES □ 否 · NO									
□ 定・1C3 □ □ □ NU									
放學後,我允許我的孩子可以自行走路回家。 My child has my permission to walk home on his/her own after school.									
□是·YES □ 否·NO									
#									
				he photos and videos can be					
I give my permission for my child to be photographed or recorded during school events and activities. The photos and videos can be used in promotional materials.									
□是·YES □ 否·NO									
	銀行退票 BO	UNCED CHECK	•						
銀行退票 BOUNCED CHECK 如支票發生銀行退票,家長需要全額支付退費手續費用。 Parents will pay penalty if your check is bounced.									
			•						
家長/監護	人簽名 SIGNATU	JRE OF PARENT/	'GUARDIAN						
我在此簽名確認我了解並同意上述的所	有規定。								
By signing this form, I hereby acknowledge	that I have fully underst	tood and agreed to the t	terms and condit	ions above.					
Parent/Guardian 家長/監護人:									
(正楷	Print)	(簽名 Sign)		(月 month /日 day /年 year)					
For	chool Use Only	以下中學校經辨人	埴寫						
For School Use Only 以下由學校經辦人填寫									
* 收據號碼:	支票付款人:		支票號碼:						
vanded Antillabilia									
* 經辦人簽名:	旦期:								
WINT/\XX1I •									