

**2021-2022 美洲华语学校 Mei Zhou Chinese School  
新生注册报名表 New Student Registration Form**

填表须知: 1. 每个家庭填写一份。One form for each family  
2. 请先阅读「注册须知」。Please read Registration Information first.  
3. 有 \* 必须填写, 请工整填写。Fields with \* are required. Please print.

**一、学生基本资料 Student Info:**

No	英文名 First Name	英文姓 Last Name	中文姓名 Chinese Name	性别 Gender	生日 Birthday mm-dd-yyyy	入学年级 Grade	课本 Textbook
1				<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F			<input type="checkbox"/> 简体 <input type="checkbox"/> 繁体
2				<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F			<input type="checkbox"/> 简体 <input type="checkbox"/> 繁体

曾经就读的中文学校名称:

Previous Chinese School \_\_\_\_\_

**二、家长/监护人资料 Parent / guardian information:**

**监护人 First guardian:**

姓名(英文)\*: \_\_\_\_\_ 中文: \_\_\_\_\_

English Name (First, Last)

Chinese Name

电邮地址\*: \_\_\_\_\_ 手机号码\*: \_\_\_\_\_

Email

Cell Phone

微信号: \_\_\_\_\_ Line ID: \_\_\_\_\_

WeChat ID

Line ID

与学生的关系\*:  母亲 mother  其他 other ( \_\_\_\_\_ )

Relationship to the student

請說明 Please explain the relationship.

**监护人 (若无第二监护人, 可免填) Second guardian (write N/A if no second guardian) :**

姓名(英文)\*: \_\_\_\_\_ 中文: \_\_\_\_\_

English Name (First, Last)

Chinese Name

电邮地址\*: \_\_\_\_\_ 手机号码\*: \_\_\_\_\_

Email

Cell Phone

微信号: \_\_\_\_\_ Line ID: \_\_\_\_\_

WeChat ID

Line ID

与学生的关系\*:  父亲 father  其他 other ( \_\_\_\_\_ )

Relationship to the student

請說明 Please explain the relationship.

**三、家庭语文背景 (可填选多项) Family Languages background (may have multiple choices):**

能使用的语言\*:  中文(普通话/ 国语)  英文  其他: 请例举 \_\_\_\_\_

Can speak

Chinese (Mandarin)

English

Other

会使用的文字\*:  中文(繁体)  中文(简体)  英文  其他 other: \_\_\_\_\_

Can write

Traditional Chinese

Simplified Chinese

English

请例举 Please list

**四、家庭住地址 Family address\*:**

Street address

City

Zip

所属社区名称:

Community name \_\_\_\_\_

**五、紧急联络资讯 Emergency Contact Information :**

紧急联络人*: Emergency Contact	_____	联络人电话*: Contact Phone	_____
家庭医生*: Physician	_____	医生电话*: Physician Phone	_____
过敏*: Allergies	_____	使用药物: Regular Medications	_____
慢性病*: Chronic Illness/Disabilities	_____	近期受伤或手术: Contact Phone	_____
其他注意事项: Remarks	_____		

**六、学杂费用及报名手续 Fees:** (第一位 first student: \$595, 第二位 second student: \$560, \*七八九年级 + \$8)

项目 Item	学费 Tuition	教材费 Material	家庭注册 Registration	制服尺寸 (制服含每人一件) Free Uniform (one/student)	合计 Total
金额	1. \$515	\$45/*53	\$35/family	1. <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$595/*603
	2. \$515	\$45/*53	\$0	2. <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	\$560/*568

1. 请用支票付款。Check payable to: **Mei Zhou Chinese School**
2. 上课期间, 可在学校办公室办理。Fill in the form and print it out.
3. 将注册表格连同支票寄至: Mail the signed registration form and check to the address below:  
**Mei Zhou Chinese School, 3792 Hendrix, Irvine, CA 92614** (请勿挂号邮寄 No registered mail please.)

**Photo & Video Permission (请在方格打☑Please mark the square)**

- School will post school event photos and/or videos on school newsletters, website and Facebook page for educational or non-profit purposes. Please contact us ([MZChineseSchool@gmail.com](mailto:MZChineseSchool@gmail.com)) if you do not wish to have your student's photographs and videos to be used by Mei Zhou Chinese School and its affiliates for the reason stated in the paragraph above..

**Agreement (家长需同意以下项目 Parent need to agree on the following items)**

- I agree to indemnify and hold unaccountable the Mei Zhou Chinese School, school board, director, officers, teachers, and agents from any liability, claims, or action arising out of participation in school activities or any other actions. In the event that parents or the designated physician cannot be reached, I authorize the school to use its discretion to secure medical aid. Also I agree to notify the school (email[MZChineseSchool@gmail.com](mailto:MZChineseSchool@gmail.com)) of any changes of information on this form immediately.
- As a parent or legal guardian, I authorize a licensed physician to examine the above-named student and in the event of injury to render such emergency care as he/she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I understand that every reasonable effort will be made to contact the above-named student to the hospital or doctor most accessible.
- Parent or guardian agrees to take turns to volunteer in classroom as required.
- School has the right to ask students withdraw from school if students seriously affect the classroom orders (three times), absenteeism (five times), or absent (8 times).

**家长/监护人签字 Parent / guardian signature :**

签名: \_\_\_\_\_ 日期: \_\_\_\_\_  
sign date

书写姓名 Please print your name: \_\_\_\_\_