

**2021-2022 美洲華語學校 Mei Zhou Chinese School**  
**新生註冊報名表 New Student Registration Form**

填表須知: 1. 每個家庭填寫一份。One form for each family  
 2. 請先閱讀「註冊須知」。Please read Registration Information first.  
 3. 有 \* 必須填寫, 請工整填寫。Fields with \* are required. Please print.

**一、學生基本資料 Student Info:**

No	英文名 First Name	英文姓 Last Name	中文姓名 Chinese Name	性別 Gender	生日 Birthday mm-dd-yyyy	入學年級 Grade	課本 Textbook
1				<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F			<input type="checkbox"/> 簡體 <input type="checkbox"/> 繁體
2				<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F			<input type="checkbox"/> 簡體 <input type="checkbox"/> 繁體

曾經就讀的中文學校名稱:

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

**二、家長/監護人資料 Parent / guardian information:**

**監護人 First guardian:**

姓名(英文)\*: \_\_\_\_\_ 中文: \_\_\_\_\_  
 English Name (First, Last) Chinese Name

電郵地址\*: \_\_\_\_\_ 手機號碼\*: \_\_\_\_\_  
 Email Cell Phone

微信號: \_\_\_\_\_ Line ID: \_\_\_\_\_  
 WeChat ID Line ID

與學生的關係\*:  母親 mother  其他 other ( \_\_\_\_\_ )  
 Relationship to the student 請說明 Please explain the relationship.

**監護人 (若無第二監護人, 可免填) Second guardian (write N/A if no second guardian) :**

姓名(英文)\*: \_\_\_\_\_ 中文: \_\_\_\_\_  
 English Name (First, Last) Chinese Name

電郵地址\*: \_\_\_\_\_ 手機號碼\*: \_\_\_\_\_  
 Email Cell Phone

微信號: \_\_\_\_\_ Line ID: \_\_\_\_\_  
 WeChat ID Line ID

與學生的關係\*:  父親 father  其他 other ( \_\_\_\_\_ )  
 Relationship to the student 請說明 Please explain the relationship.

**三、家庭語文背景 (可填選多項) Family Languages background (may have multiple choices):**

能使用的語言\*:  中文(普通話/ 國語)  英文  其他: 請例舉 \_\_\_\_\_  
 Can speak Chinese (Mandarin) English Other

會使用的文字\*:  中文(繁體)  中文(簡體)  英文  其他 other: \_\_\_\_\_  
 Can write Traditional Chinese Simplified Chinese English 請例舉 Please list

**四、家庭住地址 Family address\*:**

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

所屬社區名稱:  
 Community name \_\_\_\_\_

五、緊急聯絡資訊 Emergency Contact Information :

緊急聯絡人\* : \_\_\_\_\_ 聯絡人電話\* : \_\_\_\_\_  
 Emergency Contact Contact Phone

家庭醫生\* : \_\_\_\_\_ 醫生電話\* : \_\_\_\_\_  
 Physician Physician Phone

過敏\* : \_\_\_\_\_ 使用藥物 : \_\_\_\_\_  
 Allergies Regular Medications

慢性病\* : \_\_\_\_\_ 近期受傷或手術 : \_\_\_\_\_  
 Chronic Illness/Disabilities Contact Phone

其他注意事項 : \_\_\_\_\_  
 Remarks

六、學雜費用及報名手續 Fees: (第一位 first student: \$595, 第二位 second student: \$560, \*七八九年級 + \$8)

項目 Item	學費 Tuition	教材費 Material	家庭註冊 Registration	制服尺寸 (制服含每人一件) Free Uniform (one/student)	合計 Total
金額	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

- 請用支票付款。Check payable to: **Mei Zhou Chinese School**
- 上課期間, 可在學校辦公室辦理。You can turn it to office during school hours.
- 將註冊表格連同支票寄至: Mail the signed registration form and check to the address below:  
**Mei Zhou Chinese School, 3792 Hendrix, Irvine, CA 92614 (請勿以掛號郵寄 No registered mail please.)**

Photo & Video Permission (請在方格打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 (家長需同意以下項目 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).

家長/監護人簽字 Parent / guardian signature :

簽名: \_\_\_\_\_ 日期: \_\_\_\_\_  
 sign date

書寫姓名 Please print your name: \_\_\_\_\_