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。Fields with * are required.

	— .	学生基本资料	Student	Info:
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No.	英文名	英文姓	中文姓名	性別	生日Birthday	申请入学年
NO.	First Name	Last Name	Chinese	Gender	yyyy-mm-	级
				□ M男		
1				□F女		
2				□ M男		
2				□F女		
_				□ M男		
3				□F女		

	140.	First Name	Last Name	Chinese	Gender	yyyy-mm-	级
	4				□ M男		
	1				□F女		
	2				□ M男		
					□F女		
	3				□ M男		
					□F女		
二、		s护人资料 Parent / g		nation:			
	第一监	护人 First guardian:					
	姓名(英	英文)*:					
	Englis	n Name (First, Last)			Chinese Na	ame	
	电邮地:	址*:			_手机号码*:		
	Email				Cell Phone		
	与学生	的关系*: □父亲 fath €	er □母亲 mothe	er □其他 oth	er ()
	Relatio	onship to the studen	t	请说明	月 Please exp	lain the relation	iship.
	guard	护人(若无第二监护人, lian): [[] 文)*:			-		
		n Name (First, Last)			Chinese Na		
	_	址*:			手机 号码*。		
	Email	<u> </u>			Cell Phone		
	与学生	的关系*: □父亲 fathe	er □母亲 mothe	er □其他 oth	er ()
		onship to the studen				lain the relation	
三、家庭语文背景(可填选多项)Family Languages background (may have			-	-			
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							
	Can sp	beak Chinese	(Mandarin)	English			
	会使用	的文字 *: □中文 (繁体)	□中文 (简	体) □英:	文 □其他	other:	
		rite Traditional					
四、	家庭住坛	也址 Family address	s*:				
							
	Street	address		City		Zip	
_							
五、	紧急联约	各资讯 Emergency Co	ntact Informatio	n :			
五、		各资讯 Emergency Co 络人*:			1话*:		

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家原	庭医生*:	医生电话*:
Ph	ysician	Physician Phone
过	敏*:	
All	ergies	Regular Medications
慢1	性病*:	_近期受伤或手术:
Ch	ronic Illness/Disabilities	Contact Phone
	他注意事项:	
Re	emarks	
费 F	R费用及报名手续:(2017-2018 年度)Fees: 用: \$555 (包括:全年学费\$475,教材费\$45,每年 续者,注册费仅收\$20。) Fees:Total \$555, including tuition fee \$475. ma registration fee \$35 for each family. (If of registration fee will be \$20.) 报名手续: 1. 下载并填妥注册表格后,打印出来。 Fill in the form and print it out. 2. 请用支票付款。Check payable to: Mei Zhou 6 3. 将注册表格连同支票寄至: Mail the signed registration form and check Mei Zhou Chinese School, 3792 Hendris (请勿以挂号邮寄 No registered mail please.)	complete the registration by 7/15, the Chinese School to the address below: x, Irvine, CA 92614
	& Video Permission (Please mark the squa School will post school event photos and/or vi Facebook page for educational or non-profit p (MZChineseSchool@gmail.com) if you do not and videos to be used by Mei Zhou Chinese Sci in the paragraph above.	deos on school newsletters, website and urposes. Please contact us wish to have your student's photographs
Agree	ment (Please mark the square)	
	I agree to indemnify and hold unaccountable to director, officers, teachers, and agents from a participation in school activities or any other a designated physician cannot be reached, I aut secure medical aid. Also I agree to notify the of any changes of information on this form im	ny liability, claims, or action arising out of actions. In the event that parents or the chorize the school to use its discretion to school (email MZChineseSchool@gmail.com)
	As a parent or legal guardian, I authorize a lice named student and in the event of injury to redeems necessary for the treatment of such injury a specialist, including a surgeon. I understanded to contact the above-named student to	ender such emergency care as he/she jury, including consultation and treatment and that every reasonable effort will be
家长/监	护人签字 Parent / guardian signature :	
答 夕.		日期:
亚 山: sign		date
书写姓名	名 Please print your name :	