



金巴崙華文中學學生註冊表

Cumberland Chinese High School Registration Form

865 Jackson Street, San Francisco, CA 94133

Phone: (415) 421-1626



Picture
相片

Date of Registration 註冊日期: _____

Class Entering 報讀班級: _____ (上/下午班)

Student Information 學生資料

Full Name 姓名: (中文) _____ (英文) _____

Date of Birth 出生日期: _____ Native Place 籍貫: _____

Gender 性別: ___ Male 男 ___ Female 女 Language use at home 日常用語: _____

Home Address 住址: _____

City 城市: _____ State 州: _____ Zip Code 郵區號碼: _____

Phone 電話號碼: (Home 住宅) _____ (cell# 手提) _____

English School 英文學校: _____ Grade 年級: _____

Attended Chinese School before 可曾讀過中文:

___ Yes 曾經就讀 Grade 年級 _____ School 學校 _____

___ No 未曾讀過

Medical Insurance 醫療保險名稱及號碼: _____

Doctor's Name & Phone Number 醫生姓名及電話: _____

Any medical problem or allergies 任何醫療問題或敏感: _____

Other siblings in Chinese School 其他兄弟姊妹參加華文中學: _____

Parents' Information 家長資料 (請用正楷填寫)

Father's Name 父親姓名: (中文) _____ (英文) _____

Phone 電話號碼: (Home 住宅) _____ (Cell 手提) _____

Mother's Name 母親姓名: (中文) _____ (英文) _____

Phone 電話號碼: (Home 住宅) _____ (Cell 手提) _____

Emergency Contact Person (Other than Parents) 除父母以外的緊急聯絡人

Full Name 姓名(請用正楷填寫): _____

Relationship to student 與學生的關係: _____

Phone 電話號碼: (Cell 手提) _____ (Home 住宅) _____

Parent Signature 家長簽署: _____ Date 日期: _____

(FOR OFFICE USE ONLY)

Amount paid: _____ Receipt # _____

Cash _____ Check # _____ Payment received by: _____



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Permission for Student to Leave by Themselves 允許子女自行離開

Can Student Leave by themselves 學生可否自行離開：Yes 可以 / NO 不可以

家長簽名：_____

Signature of parent or guardian

日期：_____

Date

Photo & Video Release 允許照片及錄像使用權

I grant permission to Cumberland Chinese School to make use of my child's image in photograph(s) or video for publication (e.g. school yearbook), broadcast, advertising, or electronic media (e.g. website).

我願意授權予金巴崙華文中學，可以使用我子女的照片或錄像在該校的刊物（如紀念冊）、廣播、廣告、或電子媒體（如網站）上。

Agree 同意

Disagree 不同意

家長簽名：_____

Signature of parent or guardian

日期：_____

Date

Parental Permission & Medical Release 家長允准及醫藥意外通知

本人同意在此期間內，子女若遇有任何病患或意外，金巴崙華文中學教職員自當悉心照料，但不負任何法律上的責任。在此期間，子女若有任何疾病或意外，請盡可能與家長聯絡，若未能與家長或以上聯絡人接觸，我願授權與金巴崙華文中學教職員通知醫生進行護理。

I fully understand that my child will be cared for responsibly, but in the event of illness or accident, Cumberland Chinese High School will NOT be held responsible. In the event medical treatment is required, every effort will be made to contact me. If I cannot be reached, I give my permission to the staff of the school to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

家長簽名：_____

Signature of parent or guardian

日期：_____

Date