



# Seattle Chinese School

## 西雅圖華文學校

### 2012-2013 Registration Form 註冊單

Family ID: AA000-0000

<b>Official Use Only</b>	Date Received	RegisterID
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#### 父母/監護人資料 Parent/Guardian Information

Student's Last Name: \_\_\_\_\_

Father: (English Name) \_\_\_\_\_ / (中文姓名) \_\_\_\_\_

Mother: (English Name) \_\_\_\_\_ / (中文姓名) \_\_\_\_\_

Address: \_\_\_\_\_ WA  
Street City State Zip Code

Home Phone: \_\_\_\_\_

Cellphone 1: \_\_\_\_\_ Workphone 1: \_\_\_\_\_ Email 1: \_\_\_\_\_

Cellphone 2: \_\_\_\_\_ Workphone 2: \_\_\_\_\_ Email 2: \_\_\_\_\_

學生姓名 Student's Name			性別 Sex	生日 Birthday mm/dd/yyyy	舊生原讀班級 Current class at our school	新學年是否註冊 Register for 12-13
姓 Last	名 First	中文姓名				<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

請根據貴家庭報名學生人數，圈選下列總額：Circle one below

總額 Total: 1 Student \$450 / 2 Students \$ 780 / 3 Students \$ 1,110 / 4 Students \$1,440

Amount Received Check#: Please make check payable to: Seattle Chinese School

總額明細：Details of Amount Payment Address: P.O. Box 50481, Bellevue, WA 98015

學費 Tuition \$340 1st child / \$330 Sibling

其他費用 Other Fees: 報名費 Registration \$20 家長會費 PTA \$10 服務保證金 Service Deposit \$80

I agree to indemnify and hold unaccountable the Seattle 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 registrar@seattlechineseschool.org or call 1-425-442-1275) of any changes of information on this form immediately.

家長/監護人簽名 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Seattle Chinese School* 西雅圖華文學校  
2012-2013 Emergency Contact Information

緊急事故時聯絡資料  
(每年均須重新填寫一份，註冊時一併繳回)

RegisterID:  
Family ID: AA000-0000

父母/監護人資料 Parent/Guardian Information

姓 Last name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email: \_\_\_\_\_  
父親 Father \_\_\_\_\_ cellphone1: \_\_\_\_\_ workphone1: \_\_\_\_\_  
母親 Mother \_\_\_\_\_ cellphone2: \_\_\_\_\_ workphone2: \_\_\_\_\_

In order to provide a safe and healthy environment for your child, this information will be accessible to the following people: Principal, nurse, your child's teachers, and authorized volunteers. If changes later on, email registrar@seattlechineseschool.org or call 1-425-442-1275.

Student's Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Chinese name  
Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Eye Glasses:  Contact Lens:   
Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Regular Medications \_\_\_\_\_  
Chronic Illness/Disabilities: \_\_\_\_\_  
Recent Injuries/Surgeries: \_\_\_\_\_

**PARENT/GUARDIAN, PLEASE READ AND SIGN BELOW:** 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.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Seattle Chinese School 西雅圖華文學校

2012-2013 Parent Volunteer Service Form

RegisterID:

家長志願工作登記表

Family ID: AA000-0000

父母/監護人資料 Parent/Guardian Information

Student's Last name:	Home Phone	Email 1:
父親 Father :	cellphone1:	workphone1:
母親 Mother:	cellphone2:	workphone2:

家長服務具體方案,請參照學校行政規章的“家長服務辦法”規定辦理。

For a complete detail about the service program, please refer to “Parent Service Rule” in this year’s School Administration Regulation.

家長需義務值勤 8 小時。

每個家庭均會被安排一次“服務項目 A - 學校秩序、安全和交通管理與維持”(8:45 am –12:15 pm), 此項服務算 4 小時服務時數。其他4小時服務項目時, 請由以下選 2 項以上的工作(按1, 2, 3, ...) 以便編排。謝謝!

Each family will inevitably be assigned once to Service Job A to help for school safety, security, and traffic control (8:45 am –12:15 pm), which counts for the first 4 service hours. The next 4 service hours will then be chosen by each family from any of the following jobs. Please choose and prioritize by numbers at least 2 items from the following job opportunities.

服務項目 (Volunteer Job Description) 請選 2項以上Choose at least 2 jobs

- A. 想再多一次學校秩序、安全和交通管理與維持 (4小時服務時數) Safety, Security, and Traffic Control (4 service hours). Mark this only if you wish to fill the full 8 service hours with this job.  
不方便服務之日期 Unavailable to volunteer date \_\_\_\_\_
- B. 擔任班級聯絡人(算4小時服務時數。開學後, 請於“家長與老師座談會”時, 主動表達意願) Room Parent (4 service hours). Be appointed at the first teacher/parent conference in the beginning of school.
- C. 圖書館、辦公室輪值3小時服務時數 Library and Office Duty (3 service hours).  
不方便服務之日期 Unavailable to volunteer date \_\_\_\_\_
- D. 協助擔任說話比賽評審(建議母語為國語的家長選擇此項。每評審一班, 算3小時服務時) Judges for the Speech Contest (3 service hours). Mandarin-speaking parents are preferred.
- E. 協助學校各項行政活動 Help school administration staffs and activities.
- F. 協助家長會聯誼活動 Help the PTA-Sponsored Family Fun Activities.
- G. 協助新年團遊會活動(一月/二月) 場地佈置、美工、創意、文宣或舞龍舞獅等事項 Help the Chinese New Year Celebration (January or February).
- H. 已知是學校行政人員、家長會幹部或學校老師(為了財務組作業方便仍須先繳服務保證金80元) SCS Teachers, Administration Staffs, or PTA Staffs
- I. 不能服務, 願意捐出所繳之服務保證金80元。未填寫此表的家庭, 視同選擇此項  
Can't volunteer. In this case or for those who do not turn in their job requests, the service deposit of \$80 will be forfeited at the end of the school year.



**Seattle Chinese School**  
**西雅圖華文學校**  
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請到學校網站，詳細閱讀"家長/學生守則須知"，同意遵守各項須知，也了解此為註冊的必要程序之一。

Please go to the school website (listed below) and read the "Seattle Chinese School Expectation for Parents & Students". If you agree to follow the terms referenced in the document, please sign below.

<http://www.seattlechineseschool.org>

學生姓名 Student Name(s): (please print) \_\_\_\_\_

家長/監護人姓名 Parent / Guardian Name: (please print) \_\_\_\_\_

家長/監護人簽名 Parent/Guardian Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

是否同意學校使用學生相片及影像 (二選一)

**Permission to Use Photographs and Videos (Please check one)**

I authorize Seattle Chinese School and its affiliates to use photographs and videos of my child(ren)'s for educational or non-profit purposes in any type of media, including but not limited to its website and facebook. The photographs or the quote may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

I don't want my child(ren)'s photographs and videos to be used by Seattle Chinese School and its affiliates for the reason stated in the paragraph above.

家長/監護人簽名 Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

如果不願將地址登錄於本校通訊錄上，請在此簽名 \_\_\_\_\_

If you DO NOT wish to have your mailing address listed on the school Directory, please sign your name here \_\_\_\_\_.

# 西雅圖華文學校新學生問卷 New Student Survey

中文姓名 Chinese Name: \_\_\_\_\_ 英文姓名 English Name: \_\_\_\_\_  
First Last

生日 Date of Birth: \_\_\_\_\_ 年齡 Age: \_\_\_\_\_  
MM/DD/YYYY

美制學校年級 Grade of Regular School in Sept, 2012: \_\_\_\_\_

1. 學生懂/說中文嗎? Does the student understand/speak Mandarin Chinese? 是Yes 否No

主要使用的語言比例? If "Yes", what is the student's primary language spoken at home?

國語Mandarin \_\_\_\_\_%

廣東話Cantonese \_\_\_\_\_%

英文English \_\_\_\_\_%

其他Others (\_\_\_\_\_) \_\_\_\_\_%

2. 學生曾在他校就讀或自學中文嗎? Has the student ever been to another Chinese School or home-schooled in Chinese? 是Yes 否No

答“是”者，請說明。If "yes", please explain:

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3. 家長懂/說中文嗎? Do the parents / guardians understand / speak Mandarin Chinese? 是Yes 否No

家長姓名 Parent/Guardian's Name: \_\_\_\_\_ 電話 Phone Number: \_\_\_\_\_

☆☆曾在他校就讀或自學的學生，須經過編班考試。本校將用E-Mail 通知編班考試時間及地點

Any student transferring from another Chinese school or who has been home-schooled in Chinese will be placed into an appropriate grade after placement test. We will email you the time and location of the test placement test.

辦公室專用 Office use only.	面試日期：
面試者簽名：	面試者姓名：
建議分發班級：	備註：