



Seattle Chinese School

西雅圖華文學校

2010-2011 Registration Form 註冊單

Family ID: AA000-0000

Official Use Only	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 10-11
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

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

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 of any changes of information on this form immediately.

家長/監護人簽名 Parent/Guardian Signature: _____ Date: _____

Please sign your name here if you DO NOT wish to have your mailing address listed on the school directory.

如果本人不願 將地址登錄於本校通訊錄上，請在此簽名 _____



Seattle Chinese School 西雅圖華文學校

2010-2011 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 _____

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.

(Use back of this page if you need more space)

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

2010-2011 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2小時服務時) Judges for the Speech Contest (2 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. 協助家長會秋季聯誼活動 (十月)Help the PTA-Sponsored Family Fun Night (October).
- 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.

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, 2010: _____

1. 學生懂/說中文嗎? Does the student understand/speak 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:

3. 學生想報名本校哪一年級? What grade level does the student intend to enroll in our school?

年級 Grade level _____

不確定 Not Sure

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。編班考試時間及地點於六月第一週公佈於本校網站
 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. Time and location of placement test will be posted on our website at www.seattlechineseschool.org after the first week of June.

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：