2025-2026 美洲華語學校 Mei Zhou Chinese School 舊生註冊報名表 Current Student Registration Form

一、學生基本資料 Student Info:

	生日:	本學年班級:_		.課本(繁簡):		
SID	DOB (mm/dd/yyyy)	Current Grade		Textbook		
英文姓:			中文姓名:	性別:		
Last Name	First Name		Chinese Name	Gender		
新生弟妹資料	북(New Student) Sibling info: [生日: DOB (mm/dd/yyyy)		課本(繁簡) Textbook		
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央文姓: Last Name	英文名: First Name		_中文姓名: Chinese Name			
蓝護人 First guai E名(英文)*:						
English Name (First, Last)		Chinese Name				
mail		Cell Phone				
敞信號:	Line ID:					
		1.5	10			
VeChat ID			ne ID			
WeChat ID 與學生的關係*:_						
WeChat ID 與學生的關係*:_ Relationship to the 監護人(若無第 性名(英文)*:	ლ student Oc C二監護人,可免填)Second	業: cupation d guardian (write N/A	if no second guardi 中文:			
WeChat ID 與學生的關係*:_ Relationship to the 監護人(若無第 性名(英文)*: English Name (Firs	職e student Oc 二 監護人,可免填)Secon e st, Last)	業: cupation d guardian (write N/A	if no second guardi 中文: Chinese Name	an) :		
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WeChat ID 與學生的關係*:_ Relationship to the 監護人(若無第 性名(英文)*: inglish Name (First 電郵地址*: imail	職e student Oc 二 監護人,可免填)Secon e st, Last)	業: cupation d guardian (write N/A	if no second guardi 中文: Chinese Name 手機號碼*: Cell Phone	an) :		
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WeChat ID 與學生的關係*:_ Relationship to the 監護人(若無第 性名(英文)*: English Name (Firs	e student Oc 二監護人,可免填)Second st, Last) mathrice student Oc	業: cupation d guardian (write N/A Lir Li	if no second guardi 中文: Chinese Name 手機號碼*: Cell Phone e ID: ne ID	an) :		

四、	緊急聯絡	各資訊 Emergency Contact Information	on:				
	緊急聯絡	各人*:	聯絡人電話*:				
	Emerger	cy Contact	Contact Phone				
	家庭醫生						
	Physiciar	l	Physician Phone				
	過敏*:						
	Allergies		Regular Medications				
		: Ilness/Disabilities	近期受傷或手術: Contact Phone				
五、	其他注意事項:						
	項目	家庭註冊費	制服尺寸(制服含每人一件) 學費教材費				
	Item	Registration fee per Family.	Free Uniform (one/student) 合計 Total				
	△ \$5	The total includes Family	1. □XS □S □M □L □XL • K-4 th : \$750				
	金額	Registration fee \$35.	2. $\square XS$ $\square S$ $\square M$ $\square L$ $\square XL$ \bullet $5^{th}-6^{th}$: \$759 \bullet $7^{th}-9^{th}$: \$774				
Phot	bto & 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 (classes@mzchineseschool.org) 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						
_		paragraph above					
Agre	_	R長需同意以下項目 Parent need to					
	and	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 classes@mzchineseschool.org) 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						
	e a licensed physician to examine the above-named student and in the event as he/she deems necessary for the treatment of such injury, including st, 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 (th times), absenteeism (five times), or absent (8 times).						
家長	/監護人	簽字 Parent / guardian signature:					
簽名	:		日期:				
sign		日期:					
書宴	姓名 Plea	se print vour name:					