

Last updated on: Wednesday, June 18, 2008

三星中文学校课后班注册申请表
TriStar Chinese School Registration Form
Mailing: PO BOX 1181, SAN RAMON CA 94583
Location: 7135B Dublin Blvd, Dublin, CA 94568
www.sanxing.org, 925-683-8049 (c)

学生资料 Student Information		学生号码 Student ID:	
中文姓名:		English Name:	
生日 Birthday(mm/dd/yyyy):		性别 Gender:	
学校 School:		年级 Grade:	
下课时间 Dismissed:	接送 Pickup: Yes No		中文程度:
选课时间 Program:	Fulltime Part time (3 days: Mon Tue Wed Thur Fri)		

家长资料 Guardian Information			
父亲 (姓名)	English Name	Work Phone	Email
母亲 (姓名)	English Name	Work Phone	Email
地址 Address:			
City:		Zip:	
Phone:	在家中使用的语言 Primary language spoken at home:		

I give permission for my child to participate in TriStar Chinese School programs. I understand that pickup might be by private cars. In case of accident or emergency I authorize the school to seek medical, surgical or hospital attention for my child. It is understood that every attempt will be made to contact me before taking this action. My child is _____ years old and weighs _____ lbs. I understand that California law requires that children use a child safety seat until they are either six years old or weigh 60 pounds. It is my responsibility to send a child passenger restraint with my child or he/she will be unable to be picked up after school. I will not hold TriStar Chinese School or any staff member liable in case of accidents or injuries.

Parent/Guardian Signature
(请以英文签名)

Date