

朋岭 中文、数学
PUENTE HILLS CHINESE SCHOOL

學生姓名 Student Name		英文	中文	出生日期 Date of Birth		參加班別 Class
就讀學校 School Name			年級 Grade	讀過華語 Read Chinese	冊 No	<input type="checkbox"/> Math Tutor <input type="checkbox"/> After School
學生住址 Address		Street		City	Zip Code	
監護 人 資料	父親姓名 Father	電話 TEL	Office	Email:		
	母親姓名 Mother		Mobile	Home		
緊急聯絡人 Emergency Contact		電話 TEL	Office	Email:		
家庭醫師 Family Doctor		電話 TEL	Mobile	Home		
家庭醫師住址 Address		Street		City	Zip Code	
家長授權可接走學生 Authorized Personnel To Pick Up Student		電話 TEL			與學生關係 Relationship	

Holidays Base on Rowland Unified School District; 按罗兰学区假期停课

授權急救及校方免責聲明：(Medical Authorization)

I request that the above named student(s) be permitted to participate in the Puente Hills Chinese School (PHCS) activities. He/she is in good physical condition, but in case of illness or accident, the PHCS has my authority to secure necessary medical attention. I will not hold PHCS or its officers or teachers liable for medical aid rendered and will reimburse PHCS for medical and other expenses incurred in his/ her care. I am hereby waiving all claims against the PHCS and Shelyn Elementary School at 19500 E Nacora St., Rowland Heights, CA 91748 for illness, accident, injury or death occurring at the school.

監護人簽名：

日期：

Signature of Parent or Guardian

Date