

朋岭 中文、数学
PUENTE HILLS CHINESE SCHOOL (2021)

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	
			Office	Email:		
			Mobile	Home		
緊急聯絡人 Emergency Contact			電話 TEL		與學生關係 Relationship	
家庭醫師 Family Doctor			電話 TEL	Office	Mobile	
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 liability 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.

退费方法：开学前以书面要求退学者，扣除手续费\$60元后，退剩額；开学一週內要求退学者，扣除手续费\$60元后，退3/4剩額；开学二週內要求退学者，扣除手续费\$60元后，退1/2剩額；开学二週后不退费

監護人簽名：

Signature of Parent or Guardian

日期：

Date