



**2015 – 2016 Registration Form 入學註冊表**

Student Name 學生姓名(English) \_\_\_\_\_ (中文) \_\_\_\_\_ KKCS Student # \_\_\_\_\_

KKCS Admission Date \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ Age 年齡: \_\_\_\_\_ Gender 性別: \_\_\_\_\_

English School Grade in 2015-2016 英文學校年級: \_\_\_\_\_ Name of Day School 英文學校名稱 \_\_\_\_\_

Parent's Name 家長姓名: (English) \_\_\_\_\_ (中文) \_\_\_\_\_

Address 地址: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Home Phone 家中電話: \_\_\_\_\_ Mobile Phone 手機: \_\_\_\_\_

**Please answer the questions below 請回答以下問題:**

Please rank the following in the order of your priority ("1" being the most important)

請根據您的意願，確定以下各項的重要性（「1」為最重要）

- homework 完成家課
- English/math enrichment 加強英數
- MCAS
- PARCC
- Fun with Chinese 趣味漢語

Who can help your child with homework at home? Check all that apply. 家裏有誰可以幫助孩子溫習功課？可以別選多項。

- child's father 父親
- child's mother 母親
- Other 其他人: \_\_\_\_\_
- No one 沒有人

How did you hear about our programs? 你如何得悉廣教學校各項目的資料? \_\_\_\_\_

**All students in G5 – G8, please check the appropriate box below 五年級至八年級同學，請挑選以下其中一項:**

- G5 – G8 regular class
- G5 ISEE
- G6 ISEE
- G7 ISEE
- G8 ISEE

**Parent/Guardian Permission 家長及監護人同意書**

As a parent or legal guardian, I give permission for the registrant to participate in all activities and off-site trips conducted by KKCS. I understand and agree to abide by all KKCS policies and regulations. I hereby release and discharge the Kwong Kow Chinese School and its officers, employees, agents, and volunteers from any and all claims for accidents during the program. In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

作為家長及監護人，本人同意我的孩子參與中華廣教學校的課程及活動。我理解、同意、並遵守學校制訂的規章制度。若發生意外事故，校方不須負任何法律責任。在緊急情況下，本人願意並允許學校將我的孩子送到醫院急症室進行治療。

I understand and agree that tuition is non-refundable unless there is an unexpected *and* unavoidable circumstance.

本人明白並同意，除非有突發又無可避免的特殊情況，否則已繳費用一律不會退回。

Parent's Signature 家長簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

(以下由學校填寫 For Office Use Only)

Registration # \_\_\_\_\_

收費 Payments: \$ \_\_\_\_\_ 現款 Cash \_\_\_\_\_ 支票 Check No.: \_\_\_\_\_ 信用卡 Credit Card Transaction No.: \_\_\_\_\_

Registration Form checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee received by: \_\_\_\_\_ Date: \_\_\_\_\_

## First Aid and Emergency Medical Care Consent Form

### 急救和緊急醫療同意書

In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

在緊急情況下, 本人允許學校將我的孩子送到醫院急症室進行治療。

Name of Child's Physician 醫生姓名: \_\_\_\_\_ Phone Number 電話: \_\_\_\_\_

Address 地址: \_\_\_\_\_

My child has known allergy (allergies) to: 我的孩子對 \_\_\_\_\_ 過敏

I give permission for KKCS to administer the listed medication 本人允許學校給我的孩子服用以下藥物: \_\_\_\_\_

Other Health Conditions 其它健康狀況: \_\_\_\_\_

### Emergency Contacts (in the order to be contacted) 緊急聯絡 (請以聯絡先後次序排列):

1. Name 緊急聯絡人姓名: \_\_\_\_\_ Relationship to Child 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

Do you give permission for child to be released to this person? 你是否允許此聯絡人為你接你的子女? Yes 是 No 否

2. Name 緊急聯絡人姓名: \_\_\_\_\_ Relationship to Child 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

Do you give permission for your child to be released to this person? 你是否允許此聯絡人為你接你的子女? Yes 是 No 否

### Student Transportation Plan and Authorization 學生接送許可書

My child is at least 12 years old. At daily dismissal time, my child will ... 我的子女已滿十二歲, 從廣教學校下課後將會...

\_\_\_\_\_ be picked-up by parent 由家長接放學 \_\_\_\_\_ walk home by him/herself 自己步行回家

\_\_\_\_\_ Other 以其它方法回家 (Describe 說明: \_\_\_\_\_)

I give my permission to the following people to pick up my child at the end of the day.

我允許下列的家人或朋友下課後為我接我的子女。

1. Name 姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

2. Name 姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

3. Name 姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

**KKCS requires that emergency contacts, medical care consents, and transportation requests be stated in writing and maintained in the child's file. I understand that unless the school is otherwise notified in writing, the consents and plan detailed above will be implementd. This permission is valid for the entire duration of the 2014-2015 school year.**

如以上醫療同意書、緊急聯絡、或接送計劃有所更改, 貴家長必須以書面通知學校, 否則此書在 2015-2016 學年內將會持續有效。

Parent's Signature 家長簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_