

圣地亚哥华夏中文学校学分部 **新生** 注册表

New Hua Xia Credit Program Student Registration Form

School Website: <http://www.sdhxcs.org>

学生中文姓名 _____ 学生英文姓名 _____
 (Student Chinese Name) (Student English Name)
 性别 _____ 出生日期 _____ 年 _____ 月 _____ 日
 (Gender) (Birth Date) (Year) (Month) (Day)
 父亲姓名 _____ 母亲姓名 _____
 (Father's Name) (Mother's Name)
 家庭电话() _____ - _____ 手机() _____ - _____
 (Home Phone) (Cell Phone)
 家庭住址 _____
 (Home Address)
 电子邮址 _____
 (E-mail address)
 你目前是华夏中文学校的学生吗? 是 _____ 不是 _____
 (Are you a current Hua Xia student?) (yes) (No)

Office Use Only	
本校学生 (SDHXCS student)	
Tuition	_____
PTA Fee	_____
非本校学生 (New Student)	
Tuition	_____
PTA Fee	_____
Service Deposit	_____
Total	_____
Check No.	_____
Signature	_____

高中/初中名称 _____ 年级 _____ 学区名称 _____
 (High/Middle School Name) (Grade Level in Fall 08) (School District Name)

Preferred Class Time: (Please check one) AM _____ PM _____

Please note: We will try our best to accommodate your needs for the class time; however students may not be assigned to the class of your preferred time due to the student's language proficiency and the availability of the classes and teachers.

To receive SDHXCS email, please join the group at: <http://groups.yahoo.com/group/huaxiacs>

在本校的兄弟姐妹姓名/班级 (sibling in our school name/class) _____ / _____

紧急事故联络人姓名 (Emergency Contact Name) _____ 电话 (Phone Number) _____

除家长外紧急事故联络人姓名 _____ 电话 _____
 (Emergency Contact other than parent) (Phone Number)

家庭医生姓名 (Family Physician Name) _____ 电话 (Phone Number) _____

Authorization for Emergency Medical Care and Claim Waiver

I request that the above applicant be permitted to participate in San Diego HuaXia Chinese School (SDHXCS) during the 08-09 school year. I affirm that the applicant is at school she/he may receive necessary first aid, medical attention by a licensed physician or be admitted to a hospital in case of emergency.

I will NOT hold SDHXCS and its officers/teachers/staff liable for medical aid rendered and will reimburse SDHXCS for medical or other expenses incurred in his/her care. I am hereby waiving all claims against SDHXCS & its officers/teachers/staff for injury, accident, and illness or death occurring during all the school activities.

The authorization remains effective only during school hours for school year 2008-2009.

Authorization for SDHXCS to report Chinese grades to student's middle / high school

We have read and understood the Credit Program Guideline, course information and class rules. We also understand that the parent's signature on the registration form allows SDHXCS to send my (my child's) grades to my (my child's) home school.

家长签字: (Parent's signature) _____ 日期 (Date) _____

学费 (Tuition)	Service Deposit	PTA Fee	合计总数 (Total)
本校学生	\$450 (\$420 for 2 nd child)	\$0	\$460
非本校学生	\$450 (\$420 for 2 nd child)	\$20	\$480

Please make a separate check for each child payable to SDHXCS. Please turn in the form and check to the Room Parent, if you are a current SDHXCS student, by 5/18/2008. Or mail in the registration form to: SDHXCS, Attention: Credit program, P.O. Box 928338, San Diego, CA 92192-8338. The enrollment to the credit program will be based on first come first served. All the registration form received after 5/18/08 will be put on the waiting list if there is no space available in a specific level/class. Thank you.