博愛中文學校

BERRYESSA CHINESE SCHOOL



P.O. BOX 32988, San Jose, CA 95152-2988

Voice Mail: (408) 5200-BCS Email: bcs_board@yahoo.com

www.bcs-usa.org

	Cuiti	urai Ciass Regis	tration Form			
請填寫學生姓名及簽名,	支票抬頭請寫 "BC	CS"。		學	費 Tuition: \$185	
		k payable to "BCS" for \$1				
請必須填寫有 * 的音	ß份,資料不全,恕 ————————————————————————————————————	!不受理。Area with * a:	re required.			
請參照文化班課程表填寫, See the cultural class sched			de and class name below.			
第一志願	* 代號 Class Code	* 課名 Class Name	有否報讀過 Taken Before	e 學生年齡	學生年齡 Age of Student	
First Choice			□有 Yes □無 No			
第二志願	* 代號 Class Code	* 課名 Class Name	有否報讀過 Taken Before	e 學生年齡	Age of Student	
Second Choice			□有 Yes □無 No			
不填第二志願並不代表第一志愿 Not filling out the 2 nd choice does either 2 nd choice or the waiting lis	s not guarantee that you will	程的學生,將排到第二志願或 get your first choice. When class	是列為等候名單,優先次序將給予未遺 is full, students who have previously take	《修過的學生. In the class will	l be assigned to	
優先類別 Priority: 家長是 Parent is: □老師 Teacher (班級 Class: 姓名 Name:) □校董 Board member)	
學生是 Stude	ent is:□ 已註冊的博愛十二	二年級的學生 registered BCS Gra	de 12 student.	OFFICE	USE ONLY	
語文班級 Class *學號 Student	D 中文世夕 Chinasa Nan	 ne *英文姓名 English Name	*出生日期 Date of Birth		\$	
而大列級 Class · 子派 Student	ID 中文姓石 Clinicst Nan	ic · 突叉姓名 English Name	·田王口朔 Date of Bitti	CK#		
*地址 Home Address		*城市 City	*郵區 Zip code	Staff Init.	Date	
()	()		<u>.</u>			
*電話 Home number	家長手機 Parent's c	ell phone 家長電郵 Pare	nt's email	Class	Class ID#	
父親/監護人中文姓名 父親/監護人英文姓名 母親英文姓名 Father's/Guardian's Chinese Name Father's/Guardian's English Name Mother's Chinese Name ()				This student will not be accepted due to: □ 表格未完全填妥 Form incomplete □ 未達到規定年齡要求		
*緊急聯絡人姓名 Emergency Contact 與學生關係 Relationship to student *電話 Phone number Not meeting minimum age						
請詳細閱讀,表示同意以下條款 Please read carefully and initial each statements below: □ 非語言班學生 Not BCS language student						
草簽 Initial 緊急聯 絡	各 Emergency Contact:				33	
如果有緊急情況發生,無法聯絡 I hereby give my consent, in an e nearest emergency aid station by	絡上家長、醫生或緊急聯絡 mergency, for the school to ambulance, to be given the r	call the child's doctor. If the doctor eccessary care. If my child needs to	。以上資料若有任何變動,家長或監認 r listed cannot be reached, the school is a to be sent home and I cannot be reached, to tool of any change in the above information	uthorized to tal the school is au	ke my child to the	
家長值日及校區巡邏是就讀博家 Room Parent/Campus Patrol dution	es are mandatory at BCS. I	r的義務,如不履行罰金為廿元 agree to comply with this and pay	,校方可因家長不履行義務而拒收該導 \$20 penalty for failure to perform. Stude board members may be exempt from this	ent registration	may be denied due to	
草簽 Initial 學校規	苞 Code of Conduct: 我乖	口我的孩子完全同意遵守校規。	My child and I agree to fully abide by the	BCS code of	conduct.	
			essing Fee: \$20 手續費 Class Tra made during the first two weeks of the se			
草簽 Initial 博愛文化 class students only (except adult of		學生報讀 (成人文化班除外)。	I hereby acknowledge that BCS cultural	class is for curr	ent BCS language	
may be exempt from this duty. A against any and all liability for an	lso, I do hereby agree to inde	emnify and hold harmless the Ber	m Parent in each of my children's class. E ryessa Chinese School, its officials and al dual(s) arising out of or in any way conne	ll sponsors of th	he program from and	
the school activities.				1 請簽名	和寫上日期 sign & date!	
				Please	sign & date!	