



高中學分班註冊單

HSIC Class Registration Form

語文班學費: \$670 舊生提早註冊優惠價: \$720 (於二零二三年四月二日及之後註冊)

資料不全, 恕不受理。

支票抬頭請寫“BCS”, 同時請註明學生英文姓名以及學生 ID 號碼

Incomplete application form will not be processed.

請於二零二三年三月十一日以前註冊。(網上付款加收 5%手續費)

Language Class Tuition: \$670 – Early Bird Return Student Registration | \$720 – Standard (Register on or after 04/02/2023)

Please make check payable to “BCS” and write student’s English name and ID on the check.

(5% processing fee will be applied to online payments)

學年 School Year: _____ ☐ 高中學分班 High School Integrated Chinese 高中級 HS Level _____

註冊年級 Intended Grade Level _____

優先類別 Priority: 如有兄弟姐妹就讀, 請填寫其中一個兄弟姐妹的中文或英文姓名, 語文班級及學生 ID。如您 的家長是老師或校董, 請填寫家長的中文或英文姓名。If the student has a sibling already enrolled, please fill out the sibling’s name, student ID and Language class. If the parent is a teacher or board member, please fill out the parent's name.

☐ 兄弟姐妹 Sibling _____ ☐ 老師 Teacher _____ ☐ 校董 Board member _____

學生資料 Student Information

中文姓名 Chinese Name _____ 英文姓名 English Name _____ 出生日期 Date of Birth (MM/DD/YYYY) _____ 性別 Sex ☐ 男 ☐ 女 F

地址 Home Address _____ 城市 City _____ 郵區 Zip code _____

(_____) _____
電話 Home phone _____ 家長手機 Parent’s cell phone _____ 家長電郵 Parent’s email _____
 父親 / 監護人中文姓名 _____ 父親 / 監護人英文姓名 _____ 母親中文姓名 _____ 母親英文姓名 _____
 Father’s/Guardian’s Chinese Name _____ Father’s/Guardian’s English Name _____ Mother’s Chinese Name _____ Mother’s English Name _____
醫生姓名 Physician’s Name _____ (_____) _____
醫生電話 Physician’s Phone Number _____緊急聯絡人姓名 Emergency Contact (non-family member) _____ 與學生關係 Relationship to student _____ (_____) _____
電話 Phone number _____

草簽 Initial 緊急聯絡 Emergency Contact:

如果有緊急情況發生, 無法聯絡上家長、醫生或緊急聯絡人, 學校有權做最適當的決定。以上資料若有任何變動, 家長或監護人必須立即通知學校。

I hereby give my consent, in an emergency, for the school to call the child's doctor. If the doctor listed cannot be reached, the school is authorized to take my child to the nearest emergency aid station by ambulance, to be given the necessary care. If my child needs to be sent home and I cannot be reached, the school is authorized to contact the emergency contact provided above. I understand that it is my responsibility to notify the school of any change in the above information.

草簽 Initial 家長義工 Parent Volunteer:

您是願意成為博愛義工的一員? Are you willing to become a BCS volunteer? ☐ 願意 Yes
☐ 校區經理 Campus Manager ☐ 教務 Curriculum ☐ 活動 Activity ☐ 公關 PR ☐ 不願意 No
☐ 註冊 Registration ☐ 財務 Finance ☐ 資訊 IT

草簽 Initial 家長值日 Room Parent / 校區巡邏 Campus Patrol:

家長值日及校區巡邏是就讀博愛中文學校的一項必須履行的義務, 如不履行罰金為廿元, 校方因家長不履行義務而拒收該學生的註冊。

Room Parent/Campus Patrol duties are mandatory at BCS. I agree to comply with this and pay \$20 penalty for failure to perform. Student registration may be denied due to parent’s failure of performing these duties. 現任本校老師和校董可免役。BCS Teachers and board members may be exempt from this duty.

草簽 Initial 學校規範 Code of Conduct: 我和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.

草簽 Initial 退票罰款 Return Check Fee: \$20 退費手續費 Refund Processing Fee: \$40

退費必須在學年開學兩週內辦理。Request for tuition refund can only be made during the first two weeks of the school year.

草簽 Initial 家長、學生手冊已詳讀並同意條款 Agree and accept Parent & Student Handbook Term & Condition posted in www.bcs-usa.org website.

I, the undersigned parent/guardian, have read the above and understand that I will serve as Room Parent in each of my children's class. BCS Teachers and board members may be exempt from this duty. Also, I do hereby agree to indemnify and hold harmless the Berryessa Chinese School, its officials and all sponsors of the program from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with his or her participation in the school activities.

請簽名和寫上日期
Please sign & date

家長或監護人簽名 Signature of Parent or Guardian (Print & Sign)

日期 Date