



多倫多中華學校 Toronto Chung Wah Chinese School (Main Campus)

Student Registration Form 入學登記表

收據號碼 Receipt # _____

 New Student 新生 Returning Student 舊生

Date: _____

Student Information 學生資料

Chinese Name [中文名字]: _____ English Name [英文名字] First: _____ Last: _____

Date of Birth [出生日期]: _____ Age [年齡]: _____ Gender [性別]: _____
(mm/dd/yyyy)Address: _____
(Number , Street Name , City , Postal Code)

Day School [日校名稱]: _____ Grade [年級]: _____

Course Selection [報讀課程]

選課 Course 1 : _____ Course 2 : _____ Course 3 : _____

時間 Time: _____ Time: _____ Time: _____

Emergency Contact Person [緊急聯絡人]: _____ Relationship [關係] _____

Phone # [電話]: _____ Mobile # [手機]: _____ E-mail [電郵] _____

Allergies [過敏] No [] Yes [] please specify 請註明: _____

Please specify any relevant medical conditions: _____

家長/監護人聲明: Parent/Guardian Disclaimer

1. 本人同意多倫多中華學校會以電郵或短訊形式向我們提供學校的有關信息 是 Yes 否 No

I agree that TCWCS will email or message us on school related matters.

2. 本人同意多倫多中華學校可以使用上述學生的音像制作及刊登其成品於學校印刷品內 是 Yes 否 No

I agree that TCWCS can use the sound, photos, and video of the student named as above in the School's publications.

3. 本人同意當上述學生發生意外而又不能聯系上本人時，多倫多中華學校人員會以最佳的方法照顧該學生 是 Yes 否 No

I agree that, in case of emergency and I cannot be reached, the TCWCS staff can have the rights to give the above mentioned student the proper treatment.

4. 四歲以下之學生，請確保能自行如廁。亦準備一套衣服以便學童自行更換

Students who are four years of age or younger must be toilet trained, and an extra change of clothes must be provided

5.

如上述學生在學校或學校活動中有任何損傷或意外等事故，本人在此豁免多倫多中華學校及其人員的一切有關責任並放棄索賠

I hereby release TCWCS from all claims arising from any accident, loss, or injury, which may be caused by or raised from the participation of the student named at above during the school program.

6. 如要全數退款，請于開學第一天或之前以書面向學校提出

Withdrawal applications must be made in written to Toronto Chung Wah Chinese School on or before the 1st day of class/ activity. No refund will be considered after the 1st day of class/activity

Signature of Parent/Guardian [家長/監護人簽字]: _____ Date [日期]: _____

本校專用 For Office Use Only

Paid by: Cash Cheque # _____ Coupon \$ _____ Early Bird \$ _____ School Fee Total: \$ _____

Name of staff: _____ Note: _____ Date: _____