金山寺育良學校 -- 新、舊生註冊表

Gold Mountain Monastery Instilling Goodness School – Old and New Student Enrollment Form 800 Sacramento St., San Francisco, CA 94108 Tel. (415) 421-6117 Fax (415)788-6001

Date	Student ID 學生編號:				Gray Area for School Use Only 灰色欄爲學校專用欄				
	Receipt #			Amount 1. 佛學班 \$			Received By:		
日期	收據號碼			簽收金額 2. 國畫班\$			經手人		
Term Applied 入學季節: (Mark with an X)	Spring class on Buddhism 春季佛學班		暑期佛	Summer class on Buddhism 暑期佛學班 □			Fall class on Buddhism 秋季佛學班 □		
Term Applied 入學季節:		Art class		暑期圖畫班 Summer Art class			Fall Art class		
(Mark with an X)	春季圖			青年佛學班 Young Buddhist's Class			秋季圖畫班 🗌		
	書本費本共 \$ 畫具費套共 \$			書本費本共 \$ 畫具費套共 \$			書本費本共 \$		
		畫具費			_	畫具費套共 \$			
			生資料 Stud						
Last Name (英文姓 Engl	ish):	First Name (英文名 Eng	lish):	中文姓名		Chinese Name:		
出生日期		年齡	性別:	性別: □ 男 Male □女 Female					
Date of Birth:	Age:								
現就讀英文學校	年級	家裡常	家裡常用語言			才藝 Talent:			
English School now atter	Grade Level:	Langua	Languages spoken at home:						
How do you know about us?									
學生健康情況 Student's Health Information									
食物過敏 Food Allergy: 有 Yes 無 No									
(請在適當答案上打圈 Please circle the appropriate answer.)									
若有,請回答下列問題 If yes, please complete the following:									
1. 你對那種食物產生過敏?									
2. Which Food(s) you are allergic to?									
2. 請詳細說明									
Please describe in detail:									
家長資料 Parent Information									
•			家裡電話						
Parent/Guardian:		Turne or	Tel. (Hom			Vork or Cell)			
地址		I		-/					
Address:									
		家長以外緊急聯絡人 Emergency Contact							
				/\ I\IIIEI\	encv Contact	1			
姓名 Na	me· =		ארייועריים ניאכ		gency Contact		- 超		
姓名 Na		-機號碼	<i>>></i>	電話	•		與學生關係 Relationship:		
			<i>ל</i> נוויזשייטיא <i>ר</i>	電話 Tel. No	•		Relationship:		
家庭醫生姓名		-機號碼	מניים ייבי	電話	•				
家庭醫生姓名 Name of Family Doctor:		-機號碼	יייייייייייייייייייייייייייייייייייייי	電話 Tel. No	•		Relationship:		
家庭醫生姓名		-機號碼	3KILINETHE Z	電話 Tel. No	•		Relationship:		
家庭醫生姓名 Name of Family Doctor: 地址 Address:	С	三機號碼 fellular:		電話 Tel. No 電話).		Relationship:		
家庭醫生姓名 Name of Family Doctor: 地址 Address: I hereby give my consen named above. If none can	t for the	三機號碼 Sellular: school personn ched, the school	el to take fi	電話 Tel. No 電話 ull charg	e of any emerge my child to	gency by	Relationship: Tel. No: contacting me and the people st emergency aid station, to be		
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