

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

Student ID 學生編號: Gray Area for School Use Only 灰色欄為學校專用欄

Date 日期	Receipt # 收據號碼	Amount 1. 佛學班 \$ 簽收金額 2. 國畫班 \$	Received By: 經手人
Term Applied 入學季節: (Mark with an X)	Spring class on Buddhism 春季佛學班 <input type="checkbox"/>	Summer class on Buddhism 暑期佛學班 <input type="checkbox"/>	Fall class on Buddhism 秋季佛學班 <input type="checkbox"/>
Term Applied 入學季節: (Mark with an X)	Spring Art class 春季圖畫班 <input type="checkbox"/>	暑期圖畫班 Summer Art class <input type="checkbox"/> 青年佛學班 Young Buddhist's Class <input type="checkbox"/>	Fall Art class 秋季圖畫班 <input type="checkbox"/>
	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____套共 \$____

學生資料 Student Information

Last Name (英文姓 English):	First Name (英文名 English):	中文姓名	Chinese Name:
出生日期 Date of Birth:	年齡 Age:	性別: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
現就讀英文學校 English School now attending:	年級 Grade Level:	家裡常用語言 Languages spoken at home:	才藝 Talent:

你從那裡得知金山寺佛學班?
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:

- 你對那種食物產生過敏?
- Which Food(s) you are allergic to?

2. 請詳細說明
Please describe in detail:

家長資料 Parent Information

家長/監護人姓名 Parent/Guardian:	Name of	家裡電話: Tel. (Home)	工作/行動電話: Tel. (Work or Cell)
地址 Address:			

家長以外緊急聯絡人 Emergency Contact

姓名 Name:	手機號碼 Cellular:	電話 Tel. No.	與學生關係 Relationship:
家庭醫生姓名 Name of Family Doctor:		電話 Tel. No:	
地址 Address:			

I hereby give my consent for the school personnel to take full charge of any emergency by contacting me and the people named above. If none can be reached, the school is authorized to take my child to the nearest emergency aid station, to be given the necessary care. I understand that it is my responsibility to notify the school of any change in the above information. I will not hold the Gold Mountain Sagely Monastery or the Gold Mountain Monastery Instilling Goodness School or its staff members liable in case of accidents or injuries.

本人授權校方及學校行政人員全權處理任何緊急情況, 並通知本人及以上聯絡人。如無法聯絡, 校方可將孩子送到附近醫療站治療。如以上填寫資料更改時, 本人負責通知校方。本人不會要求金山聖寺、金山寺育良學校及學校行政人員對意外事件及傷害負責。

家長/監護人姓名 Name of Parent/Guardian:	日期 Date:
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