



砵崙中華學校
CCBA Chinese Language School

学生入学报名表(School Registration Form)
2022-2023

Administration
317 NW Davis St.
Portland, OR 97209
Oregon.ccba@gmail.com



PCC.SouthEast Campus
MT Scott Hall
Message#503-227-0381

学生 Student	3		
中文名字(Chinese Name)			
英文名字(English Name)			
出生日期(Date of Birth/Age)			
曾在其他学校就读,班级(Attended Other School Last Year)	YES	NO	
上学年就读班级(Classess Attended Last School Year)			
注册程 (Register Current Classe):			
1. 中文课程 (Chinese Language Class)			
a. 国语或广东话 (Mandarin or Cantonese?)			
1-学费 (Tuition): \$650	2-注册费 (Registration Fee): \$50 (不退还non-refundale)	3-书簿费(Text Book): \$??	
支票请写给 (Make check payable to) : CCBA	邮寄地址 (Send to): PO BOX 86002, PORTLAND OR 97286		
家长或监护姓名(Parent/Guardian)			
接送家長或委托人姓名(Who will pick-up the student)	1-	2-	
地址(Home Address)			
电邮地址(Email Address)	住家/手提 (Phone H or C)	微信(Wechat)	
本人及其子女已经阅读并讨论中华语言学校校規,我們同意遵守一切規則.My Child and I have read and understand the rules of CCBA Chinese Language School. We have discussed and promise to follow all the rules.			
家长签名 (Parent/Guardian Signature)		注册日期(Date)	
如学生遇到生病或紧急事故,无法联络家长,请提供两名亲友联络人资料: In case of illness or emergency when parents can not be reached, please indicate the name of a relative, friend or family member. The school may contact			
姓名 (Name)	关系 (Relation)	日间电话 (Day Phone)	手提電話 Cell Phone
1-			
2-			
学生可 否 允许拍照或拍摄视频, Student release for photos or videos, Yes No			
学生可 否 有任何过敏症, Any allergies Yes No , 请详细列(Please list):			
本人授权砵崙中华学校或校方负责人使用他们的判断為我的孩子确定所須的紧急医疗护理助救服务或程序。本人明白砵崙中华学校无需负担任何有关的经济责任。 I authorize the CCBA Chinese Language School or its representatives to use their judgment in determining emergency care and procedures for my child. I also understand that the school assumes no financial obligation for expense incurred in carry out emergency procedures and/or emergency transportation.			
家长或监护人签名(Parent/Guardian Signature)		日期(Date)	