

Adminitration 315 NW Davis St. Portland, OR 97209 Oregon.ccba@gmail.com

971.357.4525

CCBA School PCC SE Campus

Mt. Scott Hall

Portland, OR 97216

2305 SE 82nd Ave

砵崙中華學校

CCBA Chinese Language School

10/174	學年(School Year): 2023-2024	600年 6 5年
學生 Student		
中文名字(Chinese Name)		
英文名字(English Name)		
出生日期 (Date of Birth/Age)		
曾在其他學校就讀,班級(Attended Other School Last Year, Level)	YES NO	
上學年就讀班级(Classes Attended Last School Year)		
註册課程 (Register Current Classe):		
1. 中文課程 (Chinese Language Class)		
a. 國語或廣東話 (Mandarin or Cantonese?)		
1-學費 (Tuition): \$650, 2-書簿費(Text Book): \$	3-注册費(Non-Refunable Registration Fee): \$50	
Make check payable to "CCBA"		
• •		
家長姓名(Parent/Guardian)		
接送家長姓名(Who will pick-up the student)	1- 2-	
地址(Home Address)		
電郵地址(Email Address)	住家/手提 (Phone H or C)	
本人與子女已經閱讀並討論過中華語言學校校規,我們保証遵守一切規則.M	ly Child and I have read and understand the rules of CCBA	
Chinese Language School. We have discussed and promise to follow all the r	ules.	
家長签名 (Parent/Guardian Signature)		
如學生遇到生病或緊急事故,無法聯絡家長,請提供两名親友聯絡資料:		
In case of illness or emergency when parents can not be reached, please indic	ate the name of a relative, friend or family member.	

The school may contact

姓名(Name)	關係 (Relationship)	日間電話 (Day Phone)	其它電話 (Other Phone)
1-			
2-			
學生可 充 允許拍照或拍攝視頻, Student release for photos or videos, Yes No	_		
學生可 否 有任何過敏症, Any allergies Yes No , 請詳列(Please list):			

本人授權砵崙中華學校或校方負責人使用他們的判斷為我的孩子確定所須的緊急醫療護理助救服務或程序.本人明白砵崙中華學校無須負擔任何有關的經濟責任.

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.

家長或監護人簽名(Parent/Guardian Signature)	日期(Date)