

亞特蘭大中文學校雙語會話班

Chinese School of Atlanta for CSOL Classes

(CHINESE for SPEAKERS of OTHER LANGUAGES)

5377 New Peachtree Road, Chamblee, GA 30341

Phone: 404-542-9266, 404-542-9866, 404-542-9865

http://atlantachineseschool.org/

Email: AtlantaChineseSchool@gmail.com

成人學生註冊表/2011 ~ 2012 Spring Semester Registration Form

學生姓名/Student's Name: _____ 性別/Sex: M___ F___

出生日期/Birth Date: _____ 家中語言 (Language at home): _____

班級/Class: D-2 Sunday From 10:10 AM to 12:00 Noon E-4 Sunday From 1:10 PM to 3:00 PM
 D-4 Sunday From 10:10 AM to 12:00 Noon (NEW)

電話/Phone: _____ Cell: _____ Email: _____

住址/Address: _____

緊急聯絡人及電話/ Emergency & Phone: _____

Tuition: \$ 250.00

Book(s): \$ _____ D-2 / D-4 (\$10.00) E-4 (\$20.00)

Contribution: \$ _____

Total: \$ _____ **Paid By :** 現金/Cash 支票/Check no. _____

Student Refund Policy :

1. Jan 29, 2012 – Withdrawal, 100 percent refund.
2. Feb. 12, 2012 – Withdrawal, 80 percent refund.
3. Feb. 26, 2012 – Withdrawal, 60 percent refund.
4. Feb. 27, 2012 – Withdrawal, NO REFUND.
5. After Feb. 6, 2012 – \$15.00 extra registration fee for returning students.

(Parent's) Signature: _____

學生如在校發生意外，校方當即通知家長並作緊急處理，但不負任何法律責任，請鑒諒。

The Chinese School will in all cases exercise its best to create and maintain a safe environment. However, the School cannot accept liability in the event of illness or accident. Your signature below expressly releases the School, its staff and its faculty from such liability.

學生簽名/Student's Signature: _____ 日期/Date: _____

同意刊登學生照片/Approve for photo being published 請簽名/Signature: _____

不同意刊登學生照片/Disapprove for photo being published 請簽名/Signature: _____

(OFFICE USE ONLY)

輸入電腦 簽章: _____ 日期: _____ 總務簽收: _____