

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://www.AtlantaChineseSchool.org>

Email: AtlantaChineseSchool@gmail.com

學生註冊表/ 2019 Spring Semester CSOL Children Class 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: B-1 Sat. from 1:10 to 2:00 PM B-2 Sat. from 2:10 to 3:00 PM

B-3 Sat. from 1:10 to 2:00 PM C-2 Sat. from 2:10 to 3:00 PM

家長中英姓名/Parent's Name: _____ 電話/Home Phone: _____

住址/Address: _____ Cell: _____

緊急聯絡人及電話/ Emergency: _____ Email: _____

Tuition: \$150.00

Contribution: \$ _____

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

- | | |
|---|--|
| 1. By Jan. 13, 2019—Withdrawal, 100 percent refund. | 2. By Jan. 27, 2019—Withdrawal, 80 percent refund. |
| 3. By Feb. 10, 2019—Withdrawal, 60 percent refund. | 4. After Feb. 10, 2019—Withdrawal, NO REFUND. |
- (After Feb. 3, 2019 Registration will be subject to an additional \$15 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 efforts for the care and safety of your child/children. However, the School cannot accept the liability in the event of illness or accident. Your signature below expressly releases the School, its staff and its faculty from such liability.

家長簽名/Parent'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: _____