南安普敦中文学校
Southampton Chinese School
Student Enrolment Form

To be completed or checked and returned to school by parents / guardians
請家長填上或核對資料,如有錯誤請修改後交回學校

Language Class 班名:

Student's ID 學生編號:

Tutor Name 老師名

English Name 英文姓名:

Chinese Name 中文姓名:

Date of Birth 出生日期:

Gender of the child 性別:

Home Address 地址:

Town/City 城市/鎮：
Post Code 郵區號:

Home Phone No 家中電話:

Emergency Contact No. 緊急聯絡電話:

E-Mail Address of Parent / Guardian:
家長電子郵址：

Does your child suffer from any chronic illness
你的孩子是否有特別病症嗎?
(For example 例如: Asthma 哮喘, Epilepsy 癲癇症ect.)

If the answer is "Yes", what is it?
如果答案是有的,請在下方提供資料

Name of the student's mainstream school 學生的主流校名:

Student's Year Group in mainstream school 學生的主流年班:

Do you have any objection to our using this information for publicity purpose? (Yes / No)
你对我们使用这些资料作為宣传用途，是否有反对意見？(有/没有）

I have read, accept and understand Southampton Chinese School regulation and guidelines, and abide by them
我已阅读，接受和理解南安普敦中文学校规则和指引，并遵守这些

Signature of Parent / Guardian 家長簽名:

Name of Parent / Guardian 家長姓名:

Date 日期: