



砵崙中華學校
CCBA Chinese Language School

Administration
PO Box 86002
Portland, OR 97286
Oregon.ccba@gmail.com
Message: 971-357-4525

CCBA School
PCC SE Campus
Mt. Scott Hall
2305 SE 82nd Ave
Portland, OR 97216



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
上學年就讀班級(Classess Attended Last School Year)			
註冊課程 (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): \$850.00 (Non-Refunable), 2-書簿費 (Text Book Fee): _____			
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)	微信(Wechat)
本人與子女已經閱讀並討論過中華語言學校校規,我們保證遵守一切規則.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.			
家長簽名 (Parent/Guardian Signature)		註冊日期(Date)	
如學生遇到生病或緊急事故, 無法聯絡家長, 請提供兩名親友聯絡資料: 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)		關係 (Relationship)	日間電話 (Day Phone)
1-			
2-			
學生可 <input type="checkbox"/> 否 <input type="checkbox"/> 允許拍照或拍攝視頻, Student release for photos or videos, Yes <input type="checkbox"/> No <input type="checkbox"/>			
學生可 <input type="checkbox"/> 否 <input type="checkbox"/> 有任何過敏症, Any allergies Yes <input type="checkbox"/> No <input type="checkbox"/> , 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)	