



Extended Day Programs 2018-19
At Seattle World School
Application Form
参加课后补习申请表



Student Information 学生资讯

Student Last Name: 学生姓 _____ _____	Student First Name: 学生名 _____ _____	Student ID: 学生号 _____ _____	Grade: 年级 _____ Gender: 性别 _____
Address: 地址: _____ _____ (Street Address) 房屋号码及街名 (City/State/Zip Code) 城市/州/邮区			
Date of Birth: 出生日期 _____ (Month)月 (Day)日 (Year)年	Student Phone Number: 学生电话号码: _____	Can we text you? 我们可以给你发短信吗? <input type="checkbox"/> Yes 可以 <input type="checkbox"/> No 不可以	
Race: 种族 <input type="checkbox"/> American Indian, Alaska Native 美国阿拉斯加原住民 <input type="checkbox"/> Asian 亚裔 <input type="checkbox"/> Black/African 黑裔/非洲人 <input type="checkbox"/> Pacific Islander, Hawaiian Native 太平洋岛夏威夷原住民 <input type="checkbox"/> Latino 拉丁族 <input type="checkbox"/> Multi-Racial 多种族裔 <input type="checkbox"/> White 白种 <input type="checkbox"/> Other: 其它: _____	What school do you go to? 你就读什么学校? <input type="checkbox"/> Seattle World School <input type="checkbox"/> Garfield High School <input type="checkbox"/> Franklin High School <input type="checkbox"/> Other: _____ Native country: 出生国家 _____ Language(s) Spoken at Home: 在家惯用的语言是: _____		
What class(es) are you signing up for? 你登记了那些课程? 1. _____ 2. _____ 3. _____	How will you get home? 你如何回家? <input type="checkbox"/> Metro (I know how) 乘公车 (我会) <input type="checkbox"/> Metro (I DO NOT know how) 乘公车 (我还会不会) <input type="checkbox"/> Walk 步行 <input type="checkbox"/> Family pick up 家长来接 <input type="checkbox"/> Drive 开车 <input type="checkbox"/> Other 其它		

Please complete both sides
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Parent/Guardian Information 家长/监护人资讯

Parent/Guardian's Name: 家长/监护人姓名 _____	Parent/Guardian's Phone Number: 家长/监护人电话号码 _____
Emergency Contact: 紧急联络人 <input type="checkbox"/> Same as above 同上 <input type="checkbox"/> If different - Name: 如不同请写名: _____ 电话号码 Phone number: _____	

Parent/Guardian Signatures 家长/监护人签名

Parent/Guardian's Permission: 家长/监护人签名同意 I support my child's interest in the Extended Day Program and give him/her permission to participate. 我支持我子女的兴趣并允许他/她参加课后补习及活动课程。 Signature of Parent/Guardian: _____ Date: _____ 家长/监护人签名: 日期 Signature of Student (if 18 or older): _____ Date: _____ 学生签名 (如果学生 18 岁以上) 日期	
Medical Release: :医疗授权 As the parent/guardian of this student, I authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary if advisable by a physician to safeguard my child's health if I cannot be contacted. 本人为这位学生的家长/监护人, 我授权而且同意医生所建议的治疗或必要的急救、外科手术、入院与医疗手续, 以保障我子女的健康。在紧急的场合, 我放弃对于治疗必须先得到我同意的权利。 Signature of Parent/Guardian: _____ Date: _____ 家长/监护人签名: 日期 Signature of Student (if 18 or older): _____ Date: _____ 学生签名 (如果学生 18 岁以上) 日期	
Photo Release: 照片授权 I hereby grant permission to SWS, VFA, and partner organizations to take pictures/video of and/or publish pictures/video of my child for website and other publications (brochures, calendar display). 我再此授权准许 SWS 学校, VFA, 及其组织伙伴照相/录影或发布在网站或其他宣传册等刊登我子女的照片。 Please choose one: 请选一项 <input type="checkbox"/> YES, I give permission (sign below) 是的, 我允许 (以下签名) <input type="checkbox"/> NO, I do not give permission (do not sign) 不, 我不允许 (不必签名) Signature of Parent/Guardian: _____ Date: _____ 家长/监护人签名 (If YES, sign. If NO, do not sign.) (如您打勾不允许不必签名) 日期	

Please complete both sides
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Signature of Student (if 18 or older): _____ Date: _____
学生签名 (如果学生 18 岁以上) 日期

For office use only:

Date of entry: _____ VFAID: _____

Please complete both sides
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