

愛城宣道學校

Edmonton Alliance Chinese School

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Registration Form for New Students

(Cantonese class □/ Mandarin class□) 20 -20Name: (Last) (First) (Chinese) Address: Phone: () Gender: Date of Birth: d. v. m. Age K.1 □ **K.2** □ **K.3** □ $G.1 \square$ $G.2 \square$ Applying Grade: **G.3** □ $G.4 \square$ $G.5 \square$ **G.6** □ Conversation Any siblings currently enrolled at Chinese school: no \square yes \square Name and grade: Language uses by parents/guardians at home: Do you go to church: no □ sometimes □ often □ name of the church: Health information: Are there any health issues that we need to be aware of? Any allergies, asthma etc? Allergies: no \square ves \square Please describe any health issues: Father's name (English) (Chinese) cell phone Occupation Address if different from the above Mother's name(English) (Chinese) cell phone Occupation Address if different from the above ______cell phone Occupation Guardian's name(English) Address if different from the above **Contact E-mail:** Parent/Guardian signature: Date: Note: 1. Please bring the student, the completed registration form and full school fee to the school office in order to complete the registration. 2. If paying with cheque, please make cheque payable to "Edmonton Alliance Chinese School" and write down the student's name and applied grade on the back of the cheque. 3. Please refer to Registration Notice or visit the school's web site for details. Office Use Only: \square Student has paid the school fee Staff Signature: Date: **Amount Received Receive Date Receipt Issue Date Deposit Date** Cheque /Cash Initial Applicant is accepted into B.

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