

詩 科 中 文 學 校

Seaforth Chinese Language Programme

REGISTRATION FORM

FAMILY NAME:					
STUDENT INFORMATION				LEVEL COMPLETED	
ENGLISH NAME	CHINESE NAME	BIRTHDATE (YY/MM/DD)	MALE (M)/ FEMALE (F)	MANDARIN	CANTONESE

ADDRESS	STREET:	
	CITY:	POSTAL CODE:
	HOME TEL:	WORK TEL:
BULLETIN PREFERENCE	<input type="checkbox"/> Printed Form <input type="checkbox"/> Via Email Address:	
PARENT/GUARDIAN	FATHER:	
	MOTHER:	

EMERGENCY CONTACT (MUST COMPLETE)	NAME:		
	HOME TEL:	WORK TEL:	CELL PHONE:
	RELATIONSHIP TO STUDENT:		

STUDENT MEDICAL INFORMATION (ALLERGIES, ETC.):

IS MANDARIN/CANTONESE SPOKEN AT HOME?	CAN YOU HELP OUT WITH SCHOOL ACTIVITIES (E.G. PHOTOCOPYING, SPECIAL EVENTS, ETC.)?
WHAT SCHOOL DOES YOUR CHILD ATTEND?	
HOW DID YOU HEAR ABOUT THIS CHINESE LANGUAGE PROGRAM?	

OFFICE USE ONLY	REGISTRATION DATE:			
	REGISTRATION FEE (NON-REFUNDABLE):			
	TUITION FEE PAYMENT		RECEIPT #	
	CHEQUE	DATE	CASH	DATE
	\$		\$	
	\$		\$	
	\$		\$	