



学生报名表

Student Registration Form

中文姓名: _____

Chinese Name

英文姓名: _____

English Name

父/母姓名: _____

Parent's Name

邮箱地址: _____

Email Address

微信号: _____

Wechat ID

希望入读校区: _____

Preferred School (Dartford or Sevenoaks)

家庭住址: _____

Home Address

对学校的建议: _____

Suggestions

性别: _____

Gender

出生日期: _____

Date of Birth

手提电话: _____

Mobile Number

联络电话: _____

Contact Telephone

中文程度: _____

Years of learning Chinese

希望入读班级: _____

Preferred Class:

We are committed to keeping your information safe, secure to meet the new requirements of the GDPR.

本人同意/不同意子女在参与学校活动时的照片用于校园刊物或新闻报道。

I hereby do not give / give Dartford Chinese School permission to use photos depicting me/my children named above in school activities for the school newsletters, newspaper reports and other publicities.

您/或您的孩子是否有食物过敏? 是/否 如果有, 是哪些食物?

Is/Are you/your son/daughter allergic to any foods? Yes/No If Yes, please specify:

您允许您/您的孩子在学校活动中品尝食物吗? 是/否

Do/Does you/ you give permission for us to give you/your child to eat food during school activities? Yes/No

监护人签名: _____

Guardian/Parent's Signature

日期: _____

Date