



光華實驗中文學校
North Valley Chinese School
2014—2015 School Year Information

**Student Information by Family of Last Name of _____

Home Address: _____

Home Phone #: _____

	Chinese Name	First Name	Grade in Chinese School	Culture Class In NVCS	Years in Chinese School	Years in NVCS	Interest	General Health Condition	Any Medical Condition the school need to know
1									
2									
3									

**Medical Information:

	Name	Address	Phone#
Family Doctor			
Dentist Name			

**Parent/Guardian Information:

	Chinese Name	English Name	Employer	Job Title	Office Phone#	Cell Phone #	e-mail
Father							
Mother							

**Emergency Contact other than Parents or Guardian as above:

	Chinese Name	English Name	Relationship	Address	Office Phone#	Cell Phone #
1						
2						

Father Signature: _____

Mother Signature: _____

Date: _____