



光華實驗中文學校
North Valley Chinese School
2020—2021 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:

	Relationship	Chinese Name	English Name	Occupation	Cell Phone #	E-mail
Parent/Guardian A						
Parent/Guardian B						

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

	Chinese Name	English Name	Relationship	Address	Cell Phone #
1					
2					

Parent/Guardian A Signature: _____ Parent/Guardian B Signature: _____ Date: _____