

蒙郡華裔家長學生協會課業輔導  
**Chinese American Parents and Students Association Tutoring Program**  
成人初級英語班學生申請表  
Adult English Beginner Class Student Application Form

Student Name 學生姓名: (English)(英) \_\_\_\_\_ (Chinese)(中) \_\_\_\_\_  
First 名 Last 姓

Address/City/State/Zip 地址: \_\_\_\_\_

Telephone 電話: \_\_\_\_\_ Birth Date 出生日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M 月 D 日 Y 年

Email 電郵: \_\_\_\_\_ Sex 性別: \_\_\_\_\_

Time in US 在美多久: years 年 \_\_\_\_\_ months 月 Age 年齡: \_\_\_\_

English Ability 英語能力 (1[weak] 最弱 - 5[strong] 最強): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Chinese Dialect 中國方言: ☐ Mandarin 國語 ☐ Cantonese 粵語 ☐ Other 其他: \_\_\_\_\_

Highest Education 學歷: \_\_\_\_\_

Other Comments 備註: \_\_\_\_\_

**Agreement** (A completed agreement is required to participate in CAPSA activities.)

**同意書** (簽署同意書方可參與本會活動)

I will not hold CAPSA or its volunteer staff liable for property damage or personal injury while I participate in CAPSA activities. I will be responsible for all expenses resulting from property damage or medical emergency incurred by my participation in CAPSA. I authorize CAPSA volunteer staff to administer first aid and/or take me to a physician or hospital for emergency treatment if necessary.

若本人在參加華裔家長學生協會活動時，招致財物損失或身體損傷，我不會向華裔家長學生協會或義工人員索賠。本人將負責所有因我所引起的財物損失及個人急診醫療費用，並授權義工人員在必要時採取緊急措施，將我送去急診就醫。

Signature 簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Emergency Contact 緊急聯絡人:

Name 姓名: \_\_\_\_\_ Phone 電話: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

☐ \$30 Shared Facility Rental Fee (Sep. 2015–May 2016)

場地均攤費30元 (2015年9月–2016年5月)

☐ \$ \_\_\_\_\_ Donation 樂捐

Please make checks payable to CAPSA (支票抬頭請寫 CAPSA) Total 合計: \$ \_\_\_\_\_

CAPSA is a 501(c)(3) non-profit organization. Donations are tax deductible to the full extent allowed by law. 捐款可減免所得稅。

**For Official Use Only**

© CAPSA 2015-05-14

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No: \_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_