

蒙郡華裔家長學生協會課業輔導
Chinese American Parents and Students Association Tutoring Program
學生申請表
Tutee Application Form

Tutee's Name 學生姓名: (English) (英) _____
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

School 學校: _____ Grade 年級: _____

Email 電郵: _____ Sex 性別: _____

Parent/Guardian Name 家長/監護人姓名: (English) (英) _____
First 名 Last 姓

Email 電郵: _____ Telephone 電話: _____

Birthplace 出生地點: ☐ USA 美國 ☐ Other 其他: _____

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: _____

Subjects that may need help 請註明需要輔導的科目:

- ☐ All Subjects 所有科目 ☐ Grammar 英語文法 ☐ Sciences 科學 ☐ Spoken English 英語會話
☐ Written English 英語寫作 ☐ Mathematics 數學 ☐ Biology 生物 ☐ Other 其他: _____

Other Comments 備註: _____

Parent/Guardian Agreement (A completed agreement is required to participate in CAPSA activities.)

家長/監護人同意書 (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 my family members or I participate in CAPSA activities. I will be responsible for all expenses resulting from property damage or medical emergency incurred by our participation in CAPSA. I authorize CAPSA volunteer staff to administer first aid and/or take my family members or me to a physician or hospital for emergency treatment if necessary.

若本人或我的家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或我的家人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, 將我或我的家人送去急診就醫。

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/場地均攤費。(Sep. 2015 – May 2016 / 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

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Approved by: _____ Date: _____

Receipt No: _____ Processed by: _____ Date: _____