

Student Information 学生信息

Student Name 英文名:	Chinese Name 中文名:
Birthday 生日:	Gender 性别:
Phone Number 电话:	Email: 邮箱:
Wechat 微信:	Facebook 脸书:
Attending School/Grade 在读学校/年级:	

Contact Information 联络方式

Parent Name 父母名字:	
Phone Number 电话:	Email:
Wechat 微信:	Facebook 脸书:
Address 家庭地址:	

Classes 课程

Registered Course & Term 注册课程及学期:

Interested Course & Term 有兴趣课程及学期:

Portfolio 作品集:

Medical/Learning Needs 注意事项

Allergies & Epi - Pen use? 过敏和肾上腺素自动注射剂使用需要:

Physical/Emotional/Learning needs 身体、心理及学习需要注意事项:

Family Doctor Name & Phone Number 家庭医生姓名&电话:

IF under 19 years old, parent authorization少于19岁注册学生, 家长授权; 我, _____, parent of _____同学家长,

IF 19 years old or over, student authorization超过19岁注册学生: 我, _____,

- do hereby consent and agree that AOMA, its employees, or agents have the right to take photo and/or video of my child and to use for the purpose of school promotion both publicly and/or privately.
授权和同意AOMA在媒体或媒介上公开或私下发布含有学生头像的照片及影像资料。
- The number of absence class credits is 2, except with a valid doctor's note.
每学期每位学生最多可以请两次假, 除非提供医生证明。
- agree to in no way hold any AOMA employee, contractor or owner responsible for any accident, injury or property damage occurring to my child, as the result of participating any class or event on the premises owned by AOMA located at 2408 W 41st Ave, Vancouver, BC.
同意不追究AOMA任何学生人身或财产损害的责任。
- understand AOMA's refund and general policies as outlined at www.aoma.ca/school-policies/.
明白AOMA的退款及其它制度: www.aoma.ca/school-policies/。

I represent that I am at least 19 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

我声明我已满19岁, 阅读和同意以上条款, 并同意执行。

IF under 19 years old:

Parent's Name 家长姓名:

Parent's Signature 家长签名:

Date 日期:

IF 19 years old or over :

Name 学生姓名:

Signature 学生签名:

Date 日期: