

Presidio Knolls School 普利西學校

A non-profit Mandarin-Immersion inspired school. 以非營利為目的的中英文課程學校

APPLICATION FOR ADMISSION -入學申請

Today's Date 當前日期 \_\_\_\_\_ Entry Date Requested (Month/Year) 申請年/月份 \_\_\_\_\_

Age in entry year 入學年齡: Year 年 \_\_\_\_\_ Months 月 \_\_\_\_\_ Potty Trained? 可以自己上廁所嗎? Yes/No \_\_\_\_\_

Child's Full Name 學生全名 (英文) \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_

Gender 性別: M男 \_\_\_ F女 \_\_\_ Primary Language 母語: \_\_\_\_\_ Ethnicity 族裔 \_\_\_\_\_

Are you applying for Financial Aid 您申請經濟援助嗎? Yes是 \_\_\_ No不 \_\_\_

Guardian 1 監護人 1 \_\_\_\_\_ Daytime Phone 日間電話 \_\_\_\_\_

Email 電子郵件 \_\_\_\_\_ Occupation 職業 \_\_\_\_\_

Home Address 住址 \_\_\_\_\_

City, State, ZIP 城市, 州, 郵遞區號 \_\_\_\_\_ Home Phone #家庭電話號碼: \_\_\_\_\_

Guardian 2 監護人 2 \_\_\_\_\_ Daytime Phone 日間電話: \_\_\_\_\_

Email 電子郵件 \_\_\_\_\_ Occupation 職業 \_\_\_\_\_

Home Address 住址 \_\_\_\_\_

(If different from above 如果與上述不同時請填寫)

Please check the program that best fits your needs:

請勾選您想申請的天數

Please rate your child's Mandarin Level:

請勾選您的孩子之中文程度

<input type="checkbox"/>	5 days per week (Monday - Friday) 一週五天(一到五)
<input type="checkbox"/>	3 days per week (Monday, Wednesday and Friday) 一週三天(一, 三, 五)
<input type="checkbox"/>	2 days per week (Tuesday and Thursday) 一周兩天(二, 四)
<input type="checkbox"/>	Does not matter, whenever a slot opens 都可以

<input type="checkbox"/>	4. Native speaker 母語為中文(在家裏都以中文溝通)
<input type="checkbox"/>	3. Good - can comprehend and speak Mandarin in full sentences. 很好-大多數時後可以理解中文並用中文句子與人溝通
<input type="checkbox"/>	2. Some - can comprehend and speak some Mandarin. 懂一些-可以理解並且說一些中文
<input type="checkbox"/>	1. None/Very Little 沒有中文基礎/說一點點

Please tell us anything special we should know about your child 請告訴我們關於你孩子的任何我們該留意的特別事項

Please list schools in which your child has attended or is currently enrolled 請列出您的孩子曾經就讀過或當前就讀的學校

Please list previous care-giving and/or playgroup experience 請列出此前的幼兒照護經歷 \_\_\_\_\_

Does your child have any siblings? What are their ages? What programs did they/are they attending? 您的孩子有任何兄弟姐妹嗎? 他們現在的年齡是多少? 他們曾經或目前參加過什麼學校或課程嗎? \_\_\_\_\_

I learned about this school from 我通過什麼途徑得知這所學校 \_\_\_\_\_

Signed 簽名 \_\_\_\_\_ Date 日期 \_\_\_\_\_

Please enclose a NON-REFUNDABLE \$55.00 application fee made out to Presidio Knolls School.

請附寄\$55.00申請費(此費用將不退還)給Presidio Knolls School.

Presidio Knolls School admits students of any race, color, religion, disability, and national or ethnic origin, and accord to them all the privileges, programs, and activities made available at the school. Presidio Knolls School does not discriminate on the basis of race, color, religion, disability, national or ethnic origin or sexual orientation in administration or its education al policies, admission policies, financial aid and other school administered programs.

TUITION FINANCIAL ASSISTANCE  
PRESIDIO KNOLLS SCHOOL

Dear Parents/Guardians:

If your family would like to apply for tuition assistance, please sign the form below and return with proof of income (tax return, W-2, etc.) Financial assistance is based on a number of factors including the needs of existing families and new families and school's annual budget. If your annual family income falls below the threshold below please sign this form and return with the supporting documents directly to PKS. The data will only be used to evaluate your family's need and will be held in the strictest confidence.

親愛的父母或監護人:

如果您考慮申請學費補助津貼,請簽署以下的表格,連同家庭年收入證明(退稅,W-2...等)一起提交給學校. 補助經貼的發放是根據以下因素,包括:學校現有學生家庭的需求,新生家庭的需求以及學校的年度預算. 如果您的家庭年收入符合低收入家庭(請參考以下資料)要求,請簽署此份表格並連同證明檔一齊提交本校. 此資料僅被用於審核您領取補助津貼的資格,同時,此資料將被嚴格保密.

Family Size and Annual Family Income 家庭大小和家庭年收入

1 and 2 person— 兩個人	3 person 三個人	4 person 四個人	5 person 五個人	6 person 六個人	7 person 七個人	8 person 八個人
\$48,408	\$51,876	\$57,636	\$66,852	\$76,080	\$77,796	\$79,536

*Based on 85% of State Median Income calculated using the family fee schedule issued by the California Department of Education, SB 701 Pilot effective January 1, 2006.*

以加利福尼亞教育部發佈的家庭費用表, SB 701, 的中間收入水準的85%計算, 生效期為2006年1月1日。

Based on the information above, I do hereby certify that my family would qualify as low income under the government guidelines above. 根據上面的要求, 我特此證明,我家符合以上政府的低收入要求。

\_\_\_\_\_  
Signature 簽名

\_\_\_\_\_  
Name 名字正楷

\_\_\_\_\_  
Date 日期

Please include proof of income. For example, Last year's tax return and latest W-2, and/or other supporting documents showing federal/state family assistance.

請備妥薪資證明,如:去年度的退稅檔與最新的W-2表, 如果有接受其他州或聯邦的補助津貼, 也請將相關文件與此申請表一起提交.