

报名表 Enrolment Form

学生资料 Student details:

班级 Class: _____

英文姓名 First name: _____ 姓 Surname: _____

中文姓名 Chinese name: _____ 别名 Known as: _____

出生日期 Date of Birth_[DD/MM/YYYY]: _____ 性别 Gender: 男 M 女 F

住址 Home address: _____

_____ 邮编 Postcode: _____

第一语言 First language: _____

家人/监护人 Parent/Guardian details:

姓名 Name: _____ 与学生的关系 Relationship to student: _____

电话 Tel: _____ 电邮 Email: _____

紧急联络号码 Emergency contact number: _____

附加资料 Additional information (e.g. allergies, medical conditions): 有 Yes 没有 No

**如果回答“有”，请填写好医药表格一起交上。If yes please also return the completed medical form.*

I consent for my child's data to be used by London Pei Ying Chinese School's privacy policy and General Data Protection Regulation (GDPR 2018).

我同意伦敦培英华文学校使用我孩子的数据依据其隐私政策和一般数据保护条例 (GDPR 2018)。

摄影和录影同意 Photography and video consent

I hereby give consent for my child's images e.g., photos and video submitted, to be used by London Pei Ying Chinese School. I understand that the school will also use these photos and videos on the school website, email newsletters, and social media, in printed materials produced for school newsletters for London Pei Ying Chinese School functions and promotion only. I understand that the school website can be viewed throughout the world and not just in the United Kingdom where UK law is applied.

我同意伦敦培英华文学校使用我孩子的照片。我了解这些照片将会在学校网站、电子简报、社交媒体及印刷品（如：学校简报、宣传材料、报纸等）上使用。这些照片将仅在学校及学校宣传活动中使用。我明白学校网站不仅是在英国法律适用的地区被浏览。

家人/监护人签名 Parent/Guardian signature: _____

日期 Date: _____

Please complete the form and return it to: enquiries@peivingschool.org

Office Use:

Payment received: Online: _____ Cash: _____ Books: _____

Trial: _____