



American West Vancouver Chinese School

P.O. Box 87933, Vancouver, WA 98687 ♦ (971) 319-1615 ♦ AWVCS@Yahoo.com

美西溫哥華中文學校 2024-25 年春季註冊

AWVCS REGISTRATION FOR SPRING SEMESTER ENROLLMENT

(每家填一份註冊單, 請以正楷填寫 ONE FORM PER FAMILY. PLEASE PRINT LEGIBLY.)

學生姓名 (英和中文姓名) STUDENT NAME (LAST, FIRST & CHINESE)	性別 M F	生日(m/d/y) BIRTH DATE	在美就讀學校和年級 GRADE IN THE FALL	AWVCS CLASS TO ENROLL IN	學費 TUITION	總額 SUBTOTAL
					1 st child: \$250	
					2 nd child: \$245	
					3 rd child: \$240	
					4 th child: \$235	
Non-Refundable Registration Fee 家庭註冊費*(New Student only) *Fee Waived for return student from Fall semester.					*((\$30)	
Discount: <input type="checkbox"/> early bird: \$10/family (by December 15, 2024) 早報名者優惠					- \$10	
Donate to AWVCS (school tax ID 91-1906397)						
Book Postage fee (for out of area student only)					\$5	
					TOTAL	

New Student(S) add registration fee Return STUDENT(S)*If returned from Fall semester, waived the registration fee.

CONTACT'S

RELATIONSHIP TO STUDENT(S)

家長和學生的關係: _____

CHINESE NAME

家長姓名: _____

ENGLISH NAME

家長英文姓名: _____

ADDRESS

住址: _____

ZIP CODE

郵政編碼: _____

E-MAIL

電郵: _____

PHONE

電話: _____

MOBILE

手機: _____

AWVCS IS A VOLUNTEER RUN, 501(C)(3) NON-PROFIT, EDUCATIONAL ORGANIZATION. OUR MISSION IS TO PROVIDE A QUALITY, CHINESE LANGUAGE LEARNING EXPERIENCE. WE WELCOME STUDENTS OF ALL ETHNIC BACKGROUND AND NATIONALITY. WE ENCOURAGE FAMILIES TO VOLUNTEER AT OUR SCHOOL; THIS HELPS KEEP TUITION LOW WHILE MAINTAINING EDUCATIONAL EXCELLENCE. PLEASE SEE A STAFF MEMBER OR CLASS REPRESENTATIVE FOR AREAS YOU CAN HELP.

TOTAL PAYMENT 總金額: \$ _____

CHECK NUMBER 支票號碼: _____

PLEASE MAKE YOUR CHECK PAYABLE TO: AMERICAN WEST VANCOUVER CHINESE SCHOOL 支票抬頭請寫:

AWVCS

退費原則: 一週內(一月十二日前)全額退學費. 二至三週內(一月十九日前)半額退學費. 三週以後(一月二十六日 2025 後)恕不退費.

REFUNDS: ● WE WILL REFUND FULL TUITION IF A WRITTEN REQUEST IS SUBMITTED TO US BEFORE January 12th, 2025, ● WE WILL REFUND HALF OF THE TUITION 1-3 WEEKS (BY January 19th, 2025) ● REFUND REQUESTS WILL NOT BE ACCEPTED AFTER January 26th, 2025.

NAME OF PARENT OR LEGAL GUARDIAN _____

SIGNATURE _____

DATE _____

OFFICIAL USE ONLY

DATE OF PAYMENT: _____ RECEIVED BY: _____ PAYMENT AMOUNT: \$ _____ CHECK #: _____

RECORD #: _____ REFUND AMOUNT: \$ _____ REASON: _____