



培名學院

PREMIER ACADEMY

1200 John Reed Court, City of Industry, CA 91745

Tel: (626) 968-6050

Fax: (626) 968-1689

APPLICATION FOR ADMISSION

STUDENT NAME: _____ Male Female DATE: _____
Last First Middle

DATE OF BIRTH: _____ CHINESE NAME (IF ANY): _____

ADDRESS: _____

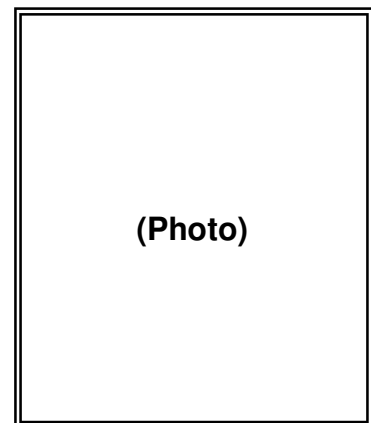
CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ FAX: () _____

STUDENT'S CELLULAR: () _____

PARENT E-MAIL ADDRESS: _____

STUDENT E-MAIL ADDRESS: _____



PARENT/ GUARDIAN CONTACT INFORMATION: (Language prefers: English, 國語, 粵語)

(Mother / Guardian) _____
Name (Cellular Pager) Work Phone

(Father / Guardian) _____
Name (Cellular Pager) Work Phone

IN CASE OF EMERGENCY, CONTACT: _____ RELATIONSHIP: _____
(If parent(s) are not available) Name

PHONE: _____ CELLULAR: _____ PAGER: _____

STUDENT INFORMATION:

AMERICAN BORN ? YES _____ NO _____ IF NOT, HOW LONG HAVE YOU BEEN IN THE U.S.? _____

CURRENT SCHOOL: _____ GRADE: _____ DISTRICT: _____
(Public _____ Private _____)

ARE YOU IN THE G.A.T.E. / A.P. / HONOR PROGRAMS? NO _____ YES _____

PLEASE SPECIFY: (1) _____ (2) _____ (3) _____ (4) _____

NUMBER OF SISTER(S) / BROTHER(S): _____ / _____ GRADES: _____ / _____

HOW DID YOU LEARN ABOUT US? [] FRIEND [] NEWSPAPER [] TV / RADIO [] FLYER [] PASSING BY
(PREMIER NEWSLETTER)

PAST SCORES: G.P.A. _____

[] PSAT/ Verbal, Math, Writing Score: ____/____/____ Test Date _____ [] SAT II BIOLOGY Score: _____ Test Date _____

[] SAT I VERBAL Score: _____ Test Date _____ [] SAT II CHEMISTRY Score: _____ Test Date _____

[] SAT I WRITING Score: _____ Test Date _____ [] SAT II PHYSICS Score: _____ Test Date _____

[] SAT I MATH Score: _____ Test Date _____ [] SAT II HISTORY Score: _____ Test Date _____

[] SAT II MATH IIC Score: _____ Test Date _____ [] SAT II CHINESE Score: _____ Test Date _____

AP English _____ AP Math _____ AP Biology _____ AP Chemistry _____ AP Physics _____

Indicate to whom you wish your child to be released locally if you are not available, **in order of preference.**

除父母及監護人外，可以接送學生者：

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

Please provide the following information in the event when emergency medical care is required for your child.

如果您的子女必須立刻送醫時，您的家庭醫生或醫療機構為：

NAME OF FAMILY DOCTOR: _____ PHONE NUMBER _____

MEDICAL INSURANCE PROVIDER: _____ POLICY NUMBER: _____

HEALTH HISTORY

	YES	NO		YES	NO
Allergy 過敏 (Type 種類: _____)			Vision Problem 視力 <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		
Asthma 哮喘			Hearing Problem 聽力 <input type="checkbox"/> Left <input type="checkbox"/> Right		
Diabetes 糖尿病 (Insulin Dose 胰島素服量: _____)			Heart Disease 心臟病		
Epilepsy 癲癇症 (Last seizure 上次發作日期: _____)			Migraine headache 偏頭痛		
Fainting Spells 昏厥			Other: _____		
Medication(s) 服用中的藥物:					
Significant medical problem(s) 嚴重健康問題:					

Consent for rendering of medical services – In case of illness or accident and when school is unable to contact us, we, the undersigned parents of the child(ren) listed in this application, hereby consent to the giving of any emergency, medical, hospital and surgical care to the said student that may be deemed necessary by any physician, hospital or any official of Premier Academy without obtaining further consent.

Premier Academy reserves the right to use test scores and photographs of students for commercial purposes. Permission for said use is hereby given.

The student must agree to comply with all disciplinary rules of Premier Academy. Students who fail to follow these rules will receive two warnings. A third offense will result in expulsion from Premier Academy without a refund.

Please sign this application, indicating that the above statements are true.

Student's Signature

Parent / Guardian's Signature

Date

(last revised 06/2009)