

# 培名學院

## PREMIER ACADEMY

### APPLICATION FOR ADMISSION

NAME: \_\_\_\_\_  Male  Female DATE: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH: \_\_\_\_\_ CHINESE NAME (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

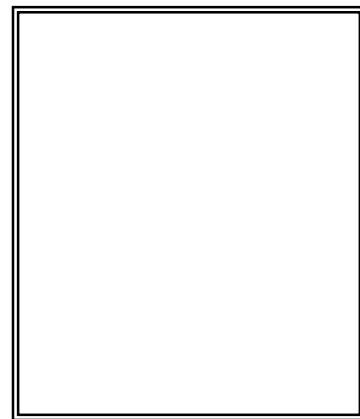
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

STUDENT'S CELLULAR: ( ) \_\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_

STUDENT E-MAIL ADDRESS: \_\_\_\_\_



(Photo)

### PARENT/ GUARDIAN CONTACT INFORMATION:

(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: \_\_\_\_\_

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:

[ ] 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 \_\_\_\_\_

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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: _____					

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**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.

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Student's Signature

Parent / Guardian's Signature

Date