



紫蓮國際學校 Purple Lotus Buddhist School

33615 9th Street, Union City, CA 94587
Tel:(510)429-8808 Fax:(510)429-7150 E-mail: admission@plbs.org



APPLICATION CHECKLIST

This checklist is provided to help you in completing the application process.

- Application Forms to be Completed by Parents/Guardians (along with the application fee of \$50 for local students and \$100 for international students)
 - Enrollment Form
 - Health History Form
 - Physical Examination Report (to be given to the student's physician to be completed and sent by the parents to the school)
 - Medical Emergency Authorization Form
 - Emergency Contact Form
 - Special Service Checklist
 - Media Release Form
 - General Field Trip Permission Form
 - Student Transcript Request (to be given to the school secretary of the student's current school to allow the student's current school records to be sent to PLBS).
- Forms to be Completed by Students (Grades 6-12)
 - Questionnaire for Applicant
 - Student Essay
- To be Completed by Others
 - Two Letters of Recommendation (from the student's current school principal, the English and/or math teacher)

Additional Information:

- Visits to the PLBS campus as well as interviews will be arranged on an individual basis.
- All parts of the application need to be sent to: **Admissions Office, Purple Lotus Buddhist School.**
(See above addresses.)
- For more information regarding financial aid, please complete the financial aid request form.

The Purple Lotus Buddhist School respects the privacy rights of all individuals involved in the admissions process, including parents, students and teachers. Information furnished as part of the admissions process is therefore confidential for use solely by the school administration and will not be disclosed to anyone including the applicant or his/her family.



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ENROLLMENT REQUIREMENTS FOR U.S. STUDENTS

美國學生註冊所需

1. Initial documents and application fee to be submitted 首次申請時所需填交文件及費用:
 - (A) \$50 (U.S. Dollars) non-refundable Application Fee 申請費 50 美元 (不退回)
 - (B) A completed Enrollment Form (enclosed) 填妥入學註冊表一份
 - (C) PROOF OF AGE 出生證明: Original *Birth Certificate* with the country (if international applicant) seal (This can be obtained through the county or country where your child was born.); or *Baptism Certificate* signed by an official of your church; or a copy of current *Visa Passport*
請出示政府確立之出世紙, 或教會簽署洗禮證書, 或護照.
 - (D) Personal Documents 學生相關文件:
 - a. Recent School Progress Report (this year and last year's report cards) 過去二年成績單.
 - b. Two letters of recommendation from current or most recent teachers 兩封最近期老師的推薦信.
 - c. Completed Questionnaire for Applicant [enclosed] 填妥學生問卷.
 - d. For Grade 6 and up applicant: A 500 word essay describing a past or future vacation (in Chinese or English) 申請六年級或以上者需寫一份五百字的作文描述你經歷過的假期或你未來的假期, 中文或英文皆可.
2. A personal interview and placement test may be arranged and conducted 安排面試及語文程度考核.
3. Full tuition must be paid before the first day of classes, unless other arrangements are made well in advance 除非預先另安排, 所有學雜費在上課前需付清.
4. Immunization record that includes listing of month, year, and vaccines received is required prior to your child being admitted into the school. All other documents must be submitted no later than 1 week after school starts. 防疫紀錄(列明注射疫苗年月)要入學前提交, 其他文件務請開學後一週內交給學校。

Falsification of registration information jeopardizes enrollment in the Purple Lotus Buddhist School. 填報若有不實之處將影響學生入學申請之批准。



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ENROLLMENT REQUIREMENTS FOR INTERNATIONAL STUDENTS

國際學生入學申請須知

1. Initial documents and application fee to be submitted 首次申請時所需填交文件及費用:
 - (A) \$100 (U.S. Dollars) non-refundable Application Fee 申請費 100 美元 (不退回)
 - (B) A completed Enrollment Form (enclosed) 填妥入學註冊表一份
 - (C) Copy of Current Passport 護照影印一份
 - (D) Personal Documents 學生相關文件:
 - a. Recent School Progress Report (this year and last year's report cards) 過去二年成績單.
 - b. Two letters of recommendation from current or most recent teachers 兩封最近期老師的推薦信.
 - c. Evidence of Financial Support (i.e. bank statements, tax returns for last 3 years or personal balance sheet certified by accountant) 財力證明 (例如銀行存款證明, 過去三年報稅表, 或會計師簽署之個人資產報告).
 - d. Completed Questionnaire for Applicant [enclosed] 填妥學生問卷.
 - e. For Grade 6 and up applicant: A 500 word essay describing a past or future vacation (in Chinese or English) 申請六年級或以上者需寫一份五百字的作文描述你經歷過的假期或你未來的假期, 中文或英文皆可.
2. A personal interview and placement test may be arranged and conducted 安排面試及語文程度考核.
3. After acceptance by PLBS Office of Admissions, the following fees are required to be submitted before an I-20 visa can be issued to applicant 通知錄取後, 需繳交下列費用才可發放 I-20 簽證:
 - (A) \$5000 deposit 預付五千美元.
 - (B) \$350 non-refundable International Processing Fee 辦理國際留學手續費 350 美元 (不退回);
4. After an I-20 is issued, if applicant fails to obtain entry into the United States, the \$5000 deposit will be refunded to the applicant 發放 I-20 後, 若學生無法赴美, 可退回預付學費\$5000 美元.
5. Full tuition (less the \$5,000 deposit) and all other fees must be paid before the first day of classes, unless other arrangements are made well in advance 除非預先另安排, 所有學雜費在上課前需付清.
6. Immunization record that includes listing of month, year, and vaccines received is required prior to your child being admitted into the school. All other documents must be submitted no later than 1 week after school starts. 防疫紀錄(列明注射疫苗年月)要入學前提交, 其他文件務請開學後一週內交給學校。

PLBS is accredited by WASC and is authorized under federal law to enroll non-immigrant students.



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ENROLLMENT FORM (page 1 of 2)

註冊表

Student: New 新生 Returning 舊生 International 國際學生 Date 申請日期: _____

For School Year 學年: 20_____ - 20_____ For Grade Level 入學年級: _____

For Student Type 類別: Day 通學生 5-day Residential 課日寄宿生 7-day Residential 全學年寄宿生

STUDENT INFORMATION			學生資料
Name (Last, F, MI)英文姓名:		Chinese 中文姓名:	
Address 地址:			
Date of Birth 出生日期: (月 mo.) (日 day) (年 yr.)		Place of Birth 出生地點:	Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/>
Country of Citizenship 國籍:		Ethnic Identity 種族:	
Social Security Number/passport 工卡或護照號碼:			
Primary Language 第一語言:		Years in USA 在美幾年:	
Home Phone 電話(家):		Cell Phone 手機:	
E-mail 電郵:			
PARENT INFORMATION			父母親資料
	Father or Guardian 父親或監護人	Mother or Guardian 母親或監護人	
Name 姓名			
Address 地址			
Home Phone 電話			
Cell Phone 手機			
Employer 僱主			
Occupation 職業			
Work Phone 工作電話			
E-mail 電郵			
Primary Language 語言			
(optional) Religious Affiliation 同修道場			



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ENROLLMENT FORM (page 2 of 2)

FAMILY INFORMATION				家庭資料
Parents' Marital Status 父母婚姻狀況	<input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 寡居 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Separated 分居			
Send School Notices to 校方信件接收人	<input type="checkbox"/> Parents 父母親 <input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Guardian 合法監護人			
Legal Custody 監護權	<input type="checkbox"/> Parents 父母親 <input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Guardian 合法監護人			
Names of Brothers/Sisters 兄弟姐妹	Birthdate 出生日期	School Attending 學校	Grade 年級	
ACADEMIC INFORMATION (For New Student)				新生學業資料
Current Grade 現讀級別:	Homeroom Teacher/Counselor 班主任/老師:			
Current School and Address 現讀學校名稱及地址:	Current GPA 成績總平均:			
Previous School and Address 以前學校名稱及地址:				
Reason for leaving current school 轉校原因:				
Has your student been asked to leave any school which he/she previously attended? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain. 你會否有被學校開除? 如有, 請解釋.				
English Language Proficiency 英語能力: (A) Oral 會話 Level: 1, 2, 3, 4, 5; (1 -- low 初學, 5 -- high 流利)				
(B) Listening 聽英語能力 Level: 1, 2, 3, 4, 5; (C) Reading 英文閱讀能力 Level: 1, 2, 3, 4, 5.				
What is your student's academic ranking in his/her current class? 現就讀班上排名? ___ out of ___ .				
List any required physical or academic accommodations 請列明任何身體健康或學術需要協助之處:				
Please include any information you would like us to know. Use additional sheet(s) if required. 請列明或附頁說明任何閣下認為老師需知的資料:				

PLBS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in the administration of our educational policies, admissions policies, scholarship and other school-administered programs. 本校招生及各項學校政策中並不因種族,膚色,國籍等而有所歧視

SIGNATURE 簽名	
Signature of parent/legal guardian 家長或監護人簽署:	Relationship to applicant 關係: Date 日期:



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TUITION AND FEE SCHEDULE For Fall 2009 to Spring 2010 School Year

Category	Grade Level		
	1-5	6-8	9-12
Tuition (including hot lunch) 學費 (包午餐)	\$6,750	\$7,750	\$9,000
Additional ESL Program Tuition 額外英語補強學費 (*) All students whose primary language is not English and haven't achieved the necessary score on the English competency test must enroll in ESL classes 英語非母語之學生若未能通過英文程度檢者必需參加額外英語補強班.	\$4,000	\$4,000	\$4,000
5 days/wk Resident Fee (excluding weekend & holidays) 每週五天食宿費(不包括週末及假期) Room occupancy and food service begin the evening before the first school day of each week and conclude with lunch the last school day of each week, excluding holidays 由每週開始上課前一天晚上入宿, 到每週最後一天上課的午餐止, 不包括週末及假期.	\$9,000	\$9,000	\$9,000
7 days/wk Resident Fee (including holidays) 每週七天食宿費(包括國定假日)	\$13,400	\$13,400	\$13,400
Full Boarding Students (w/no ESL) 全宿學生收費	20,150	21,150	22,400
Full Boarding Students (with ESL Programs) ESL 學生全宿收費	24,150	25,150	26,400

(*) The subjects of these additional classes will be carefully chosen to provide the students with an opportunity to develop their use of English in an academic environment. Students who achieve the necessary score on the English competency test will be exempt from the ESL program which may reduce their total annual school costs.

Financial Policies

Student tuition and fees are the major source of operating revenue for the Purple Lotus Buddhist School, a non-profit educational institution. If a student should be dismissed or withdraw from school for any reason, tuition for a complete grading period (six weeks), if the student is enrolled for any portion of that grading period, is due in full and is non-refundable.



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OTHER SERVICE FEES 其他雜費 2009-2010

	US Student	International Student
New Student Application Fee 新生入學申請費	\$50	\$100
International Student Processing Fee (one time for new students) 國際學生辦理首次留學手續費	N/A	\$350
Returning Student Enrollment Fee 舊生註冊費	\$50	
Local Pick-Up or Drop-Off Fee 本地接送費	\$1/mile	
Airport Pick-Up or Drop-Off Fee 機場接送費	\$40/one-way	
After School Program for Day Students 課後輔導費	\$10/day	
Extra Meal for Day Students 日校生額外餐費	\$3/each	
Textbook & Uniform Deposit 書簿及制服寄存金	\$500	
Medical Insurance Deposit (subject to change) 醫療保險費 Proof of student's medical insurance must be received prior to beginning school to avoid the Medical Insurance charge.	Proof of Insurance required Est. fee = \$800 (for Intl. students)	
Student ID Card Replacement Fee 學生證遺失補領費	\$5	
Graduation Fee (Required for all Grade 12 students) 12 年級生畢業費	\$75	



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HEALTH HISTORY FORM 身體健康狀況記錄資料

(Please type or print clearly 請填寫清楚)

STUDENT INFORMATION 學生資料:	
English Name (Last,First,M.I.) 英文姓名:	Chinese 中文姓名:
Date of Birth 出生日期: (月 mo.) ____ (日 day) ____ (年 yr.) ____	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Current Health Status 現時身體狀況:	
<input type="checkbox"/> Special or poor eating habits 飲食習慣不正常 <input type="checkbox"/> Hearing difficulties, infections 聽覺有困難或受感染 <input type="checkbox"/> Frequent colds or sore throat 常感冒或喉嚨發炎 <input type="checkbox"/> Diet or nutritional problems 減肥或營養不良 <input type="checkbox"/> Pains in extremities or joints 四肢或關節有痛楚 <input type="checkbox"/> Heart condition 心臟問題 <input type="checkbox"/> Weight problem 體重問題	<input type="checkbox"/> Vision – wears glasses 視力問題 <input type="checkbox"/> Speech difficulties 語言障礙 <input type="checkbox"/> Frequent headaches 頭痛頻繁 <input type="checkbox"/> Physical handicap 身體有缺憾 <input type="checkbox"/> Convulsive disorder 痙攣或抽筋 <input type="checkbox"/> Asthma 氣喘病 <input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Allergies 過敏症
Further explanation for any above item(s)解釋以上所選擇的情況:	
Dental condition 牙齒狀況:	
Dentist 牙醫:	
Medication (Please list all names and dosages your child is taking.)所服藥物名稱及份量:	
Currently under a physician's care 現時是否有醫生照顧? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeries or accidents: Eye or ear surgery, fractures, head injuries. Please state the year and a brief explanation 是否曾接受外科手術或遇上意外? 請註明日期及簡述原因:	
AUTHORIZATION 授權:	
I hereby give my consent to the Purple Lotus Buddhist School to receive from or send to Doctor _____ any information concerning my child. 本人謹此許可紫蓮國際學校向醫生索取或寄出有關我孩子的資料.	
Signature of parent/guardian: 父母或監護人簽署:	Relationship to applicant 關係: _____ Date 日期: _____



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PHYSICAL EXAMINATION 體格檢查(Page 1 of 2)

(TO BE COMPLETED BY PHYSICIAN 由醫生填寫)

STUDENT INFORMATION 學生資料:					
English Name (last,first,mi)英文姓名:			Chinese 中文姓名:		
Date of Birth 出生日期: (月 mo.) _____ (日 day)_____ (年 yr.)_____			Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
Significant findings: Please consider dental condition, EENT, heart, lungs, abdomen, neurological reflexes, behavior and emotional adjustment.					
Significant diagnostic evaluation, observation, recommendations: (Special Education services are available to children with handicapping conditions or special needs)					
Recommendations for physical activity: <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/> Athletic participation					
Medication: Name and dosage:					
IMMUNIZATIONS: month, day, years are required.					
Immunization history: Insert all dates if known and verified. If immunizations are not complete, please initiate.					
Vaccine	1 st	2 nd	3 rd	4 th	5 th
POLIO					
DPT/DT/Td					
HIS					
Hepatitis B					
MMR					
VARICELLA ZOSTER					



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PHYSICAL EXAMINATION 體格檢查(Page 2 of 2)

TB test results:		Date: _____ / _____ / _____
Chest X-ray:		Date: _____ / _____ / _____
Hearing:	Right	Left
Vision:	Right	Left
Laboratory test results:		
Hematocrit:		or Hemoglobin:
Urinalysis:		Blood pressure: _____ / _____
Medical care: Is this child currently under your care? _____ How long? _____		
Other medical specialists involved:		
Name and address of physician:		
_____ Physician's signature		_____ Date



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MEDICAL EMERGENCY AUTHORIZATION FORM 緊急授權書

(Please type or print clearly 請填寫清楚)

STUDENT INFORMATION 學生資料:	
English Name(Last, First, MI)英文姓名:	Chinese 中文姓名:
Date of Birth 出生日期: (月 mo.) ____ (日 day)____ (年 yr.)____	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
PARENT INFORMATION 家長資料:	
English Name(Last, First, MI)英文姓名:	Chinese 中文姓名:
Street Address 街道地址:	
City 城市:	State/Province 省/州:
Zip/Postal Code:	Country 國家:
Home Phone 家電話: ()	Cellular/Business Phone 手機/公司: ()
MEDICAL CARE/INSURANCE INFORMATION 請列出健康保險之資料:	
NAME OF FAMILY PHYSICIAN 家庭醫生:	
Street Address 街道地址:	
City 城市:	State/Province 省/州:
Zip/Postal Code:	Country 國家:
Phone: 聯絡電話: ()	
<p>This is to certify that for the period of ____ / ____ / ____ to ____ / ____ / ____, I hereby constitute and appoint _____, Principal of the Purple Lotus Buddhist School, my true and lawful attorney, for the purpose of authorizing emergency medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency doctor or family physician on my child.</p> <p>茲證明本人授權並委任紫蓮國際學校校長_____為本人合法代理人以決定在緊急情況下經諮詢急診醫生或本人家庭醫生後決定小孩之緊急治療方法。</p>	
Signature of parent/guardian: 父母或監護人簽署: _____ Printed Name:	Relationship to applicant 關係: Date 日期:



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EMERGENCY CONTACT INFORMATION FORM 緊急聯絡資料

Student's Name 學生姓名:		Student I.D. 學號:	
<p>Dear Parent/Guardian:</p> <p>The following information is needed for use in the event that your child becomes ill or injured while at school or in case of an impending or actual disaster and you cannot be reached. It is understood that the instructions given on this form will remain in force until revoked by the parent or guardian.</p> <p>親愛的家長: 請填寫以下資料以備於緊急情況發生時能聯絡閣下或有關人事。</p> <p>In cases of a minor nature, first aid will be administered. 如輕微意外將以 First Aid 方法處理。</p> <p>Indicate the action you want the school to take if the injury or illness is of a serious nature: 如意外嚴重, 請指示:</p> <p>1) Child should be placed in care of physician/practitioner (as shown below) 學生須送往家庭醫生處: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>2) If physician/practitioner cannot be reached, what action should be taken? 如家庭醫生未能聯絡, 如何處置? _____</p> <p>3) Hospital Preference.</p>			
Home Address 地址:	City 城市:	Zip Code:	Home Phone 電話:
Parent: _____ Relation: _____ Address: _____ City/Zip: _____ Phone: _____ Cell: _____ Email: _____	Employer: _____ Address: _____ City/Zips: _____ Phone/Ext: _____ Pager: _____ Work Hours: _____		
Parent: _____ Relation: _____ Address: _____ City/Zip: _____ Phone: _____ Cell: _____ Email: _____	Employer: _____ Address: _____ City/Zips: _____ Phone/Ext: _____ Pager: _____ Work Hours: _____		
Physician: _____ Insurance Carrier: _____ Medical#: _____ Address: _____ City/Zip: _____ Phone/Ext: _____	Dentist: _____ Address: _____ City/Zips: _____ Phone/Ext: _____		

Other Contact Persons who will be authorized to pick up and care for your children in the event of an illness, injury.其他授權人

Name 姓名	Relationship 關係	Address/City 地址	Phone 聯絡電話

Signature of Parent/Guardian 父母或監護人簽署

Date 日期



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SPECIAL SERVICE CHECKLIST 特別服務事項

STUDENT INFORMATION 學生資料:	
English Name (last,first,mi)英文姓名 :	Chinese 中文姓名:
Date of Birth 出生日期: (月 mo.) _____ (日 day)_____ (年 yr.)_____	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Please check all that applies to your child and describe where appropriate 請回答以下的問題, 如您的子女有以下情況需要特別注意, 請詳細說明:	
1) Needs help with speech or pronunciation 需要語言及發音輔導? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
2) Has been in a physical education/special PE program 現正接受體能訓練? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
3) Has been in class for students with learning problems 堂上學習有困難? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
4) Has specialist tutoring with reading, writing or mathematics 有閱讀,寫作及數學補習老師? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
5) Has a current IEP (Individual Education Program)? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
6) Has any physical handicap (visual, hearing, orthopedic, etc)身體有缺憾(視覺,聽覺,矯形)? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
7) Has any special health or medical need which requires the school's attention 有特別疾病或藥物須校方留意? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
8) Plays any musical instrument 懂彈奏樂器? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
9) Needs help with English 需要英語輔助? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	
10) Has been identified as a gifted student 天才學生? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Please describe 請詳述:	



紫蓮國際學校

Purple Lotus Buddhist School

33615 9th Street, Union City, CA 94587

Tel:(510)429-8808 Fax:(510)429-7150 E-mail: admission@plbs.org



MEDIA RELEASE FORM

Purple Lotus Buddhist School (PLBS) is proud of the many accomplishments of its students and staff. Often PLBS may wish to exhibit these accomplishments through various media formats for the purposes of school websites and publications, marketing promotions, public relations, etc.

We appreciate your reviewing and signing the following media release form and returning the signed form at your earliest convenience. Should you have any questions, please do not hesitate to contact us at any time.

Sincerely,

The Purple Lotus Buddhist School Office of Administration

___ I am 18 years old and have signed the following.

___ I am the parent or legal guardian of the below-named student and have signed the following.

Name of Student (printed)_____

For the purposes of recognition, marketing and general public relations, I consent for the following indicated pieces of information to be released:

- | | |
|--|---|
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Volunteer Activities |
| <input type="checkbox"/> Individual photograph and/or name | <input type="checkbox"/> School Organization Activities |
| <input type="checkbox"/> Interview/Videotape | <input type="checkbox"/> Group Photograph without name |
| <input type="checkbox"/> Student Awards list | <input type="checkbox"/> Group Photograph with name |
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> _____ |

Name of Parent/Legal Guardian (printed)

Student or Parent/Legal Guardian Signature

Date



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GENERAL FIELD TRIP PERMISSION FORM

To Parents/Guardians: There are 3 sections to this form. Your signature at the bottom of the form indicates that you have read and understand the contents of the entire form.

Section I

Student's Name: _____ Birth Date: _____ Grade: _____
has my permission to participate in field trips that are sponsored by Purple Lotus Buddhist School. The student is allergic to: _____. This student has the following health concern or requires this medication: _____. I will notify the school nurse in advance of the trip and if necessary provide the medication myself to the nurse to be used on the trip.

Section II

In case of serious illness or injury, the student's parent/legal guardian will be contacted. **In the event of illness or injury and it is not possible for the hospital or school authorities to contact me, my permission is given for any necessary medical intervention. School staff will transport a student to the hospital in the event of an emergency.**

Section III

As the field trip is school-sponsored, all school rules are in force. Discipline will be administered to those students who are in violation of any school rule. I understand that Purple Lotus Buddhist School is not responsible for purchased services (performance tickets, shows, etc.) provided by other public or private agencies in conjunction with the trip.

I approve or disapprove my child's participation in the following activities on the field trip:

	Swimming	Hiking	Running	Roller Coast	Jumping	Climbing	Boating	Skiing	Skating	Camping
Approve										
Disapprove										

Parent/Guardian's Printed Name: _____ Relationship with the student: _____

Signature: _____ Date: _____

Home Address: _____

Home Tel: _____ Cell/Work Phone: _____ Fax: _____



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REQUEST FOR FINANCIAL AID INFORMATION

I am aware that the Purple Lotus Buddhist School has limited funds available for financial aid. I would be interested in information regarding the terms and conditions of any financial aid that might be available to our family.

Please Print:

Parent/Guardian Name

Address

City, State, Zip, Country

Date

(Please send this form along with your application to Office of Admissions, 33615 9th Street, Union City, CA 94587, USA)



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STUDENT TRANSCRIPT REQUEST

The following student has applied for admission.

Please send a **COPY** of the **TRANSCRIPT OF GRADES** and any **TESTING** information to:

**Office of Admissions
Purple Lotus Buddhist School
33615 9th Street
Union City, CA 94587
U. S. A.**

Name of Student: _____

Current Grade: _____ Birth Date: _____
Month Day Year

Dear Parent or Guardian:

Please submit this form to your son/daughter’s counselor, registrar, or principal.

I hereby give permission for the release of copies of transcripts and testing information for the above named student.

Signature of Parent/Legal Guardian: _____

Date: _____



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QUESTIONNAIRE FOR APPLICANT 學生問卷

Please answer the following questions using complete sentences. Use additional sheets if necessary 請盡量回答下列問題. 如地方不夠, 可附加紙張.

State your favorite subject at school and state your reasons 請述你最喜歡的科目及理由.

Describe your favorite teacher and why he or she is your favorite 請述你最喜歡的老師及理由.

On average, how many hours do you spend on homework every night 每晚平均做功課時間為多少小時?

List any school-related awards (academic, sports, art, music, civic, etc.) or recognition you have received 請列出你在校曾得到的獎狀:

What type of music do you like to listen to 你喜歡聽何種音樂? _____

If the answer is "Yes" to either of the following questions, please provide a full explanation on a separate sheet. 下列問題如回答有, 請另外附上詳細解釋

- Have you ever been given detention, suspended, or expelled from any school Yes _____ No _____
你是否曾被學校扣留處罰或開除過? 有 _____ 無 _____
- Have you ever been involved in any incidents of violence, drug abuse, gang association, harassment (incl. physical, verbal and sexual), vandalism, or private or public security/law enforcement intervention Yes _____ No _____
你曾否介入暴力, 吸毒, 結黨, 騷擾(粗暴, 粗言, 性等), 偷竊, 警方或警衛人員調查? 有 _____ 無 _____

Briefly describe how much you know about Buddhism and PLBS 簡述你對佛教及紫蓮國際學校的認識及理解.

Do you know anyone who is attending or did attend PLBS? Describe your relationship with this person(s). 你認識人在紫蓮國際學校就讀嗎? 請列名字及與你之關係.

Would you feel comfortable in a structured learning environment in which students wear uniforms and have equal emphasis placed on their progress in both academics and moral living? 你是否適應在一個要穿制服, 守行爲, 紀律嚴緊的學校讀書?

Explain why you want to attend PLBS 請解釋你為什麼想來紫蓮國際學校就讀.

