

2024-2025学年注册与确认表 / 2024-2025 Registration and Acknowledgements



\*请将填妥的表格交回您孩子的学校

\*Return completed forms to your child's school.

学生姓名: \_\_\_\_\_ 学生ID: \_\_\_\_\_  
Student Name Student ID

就读学校/Bldg Name: \_\_\_\_\_ 学生年级/Grade: \_\_\_\_\_

我允许我的学生参加本地实地考察:  是/YES  否/NO

I give permission for my student to participate in local field trips

人口统计信息 / DEMOGRAPHIC INFORMATION:

学生家庭住址: \_\_\_\_\_ 搬入日期 \_\_\_\_\_  
Student Home Address Move in date

监护人#1姓名: \_\_\_\_\_ 与学生关系: \_\_\_\_\_  
Guardian #1 Name Relationship to student

监护人#1地址: \_\_\_\_\_  
Guardian #1 Address

监护人#1电话: \_\_\_\_\_ (家庭) \_\_\_\_\_ (手机) \_\_\_\_\_ (工作)  
Guardian #1 Phone home cell work

监护人#1电子邮箱: \_\_\_\_\_  
Guardian #1 email

监护人#2姓名: \_\_\_\_\_ 与学生关系: \_\_\_\_\_  
Guardian #2 Name Relationship to student

监护人#2地址: \_\_\_\_\_  
Guardian #2 Address

监护人#2电话: \_\_\_\_\_ (家庭) \_\_\_\_\_ (手机) \_\_\_\_\_ (工作)  
Guardian #2 Phone home cell work

监护人#2电子邮箱: \_\_\_\_\_  
Guardian #2 email

其他联系信息: 包括紧急联系人的姓名、电话和关系。 Other Contact Information: Include name, phone, relationship for emergency contacts.

姓名/Name: \_\_\_\_\_ 电话/Phone: \_\_\_\_\_ 关系/Relationship: \_\_\_\_\_

姓名/Name: \_\_\_\_\_ 电话/Phone: \_\_\_\_\_ 关系/Relationship: \_\_\_\_\_

校车信息: /BUS INFORMATION:

请告知我们您的孩子在2024-2025学年是否需要校车接送。 Please let us know if your child will need bus transportation for the 2024-2025 school year.

我的学生今年需要校车往返学校 My student needs a bus to get to and/or from school this year:  是/YES  否/NO

如果是, 请指明去学校、从学校回家, 或两者都需要: If YES, please indicate to school, from school, or both

去学校/ to school  从学校回家/ from school  两者都需要/ both

您的孩子是否需要不在家庭住址以外的地方接送? \*:  是/YES  否/NO

Will your child be picked up/dropped off at an address other than your home?\*

如果是, 请提供备用地址? \_\_\_\_\_

If yes, what is the alternate address:

如果使用备用地址, 请指明路线:  去学校/ to school  从学校回家/ from school  两者都需要/ both

If going to an alternate address, please indicate the route(s)

\*仅可使用与学生就读学校在同一学区内的地址作为备用路线。 /\*Only addresses that are in the same attendance area as the student's attendance building may be used for alternate routing.



### 注册与确认表/ Registration and Acknowledgements

哥伦比亚公立学校依法要求询问以下问题:

Columbia Public Schools is required by law to ask the following questions:

1. 您是否在过去12个月内离开本镇从事农业工作，然后返回哥伦比亚? Have you moved out of town to work in agriculture and returned to Columbia within the past 12 months?  
 是/YES     否/NO

如果是，请勾选工作类型 (可多选) / If yes, please check the type of work (all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> 在苗圃工作 (植物)<br>Work in a nursery (plants)     | <input type="checkbox"/> 喂养家禽、收集鸡蛋、在孵化场工作<br>Feeding Poultry, gathering eggs, working in a hatchery       |
| <input type="checkbox"/> 种植或收获农作物<br>Planting or harvesting crops     | <input type="checkbox"/> 加工肉类、家禽、水果、蔬菜、乳制品<br>Processing meat, poultry, fruit, vegetables, dairy products |
| <input type="checkbox"/> 在奶牛场挤奶<br>Milking cows on a dairy farm       | <input type="checkbox"/> 商业捕鱼或在鱼场工作<br>Commercial fishing or work on a fish farm                          |
| <input type="checkbox"/> 为销售种植/照料树木<br>Growing/tending trees for sale | <input type="checkbox"/> 其他: _____<br>Other   |

监护人工作地点: \_\_\_\_\_  
Guardian's place of employment

2. 这个孩子是否被遗弃在医院? Has this child been abandoned in a hospital?  
 是/YES     否/NO
3. 您是否通过密苏里儿童局的安置为这个孩子提供寄养服务?  
 Are you providing foster care for this child through placement by the Missouri Children's Division?  
 是/YES     否/NO
4. 您是否因失去住房、经济困难或类似原因而与他人共享住房? / Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?  
 是/YES     否/NO (类似原因 - 说明/ Similar reason-comment: \_\_\_\_\_)
5. 您目前是否因缺乏其他适当住处而住在汽车旅馆、酒店、拖车公园或露营地? / Are you currently residing at a motel, hotel, trailer parks, or camping ground due to the lack of alternative adequate accommodations?  
 是/YES     否/NO
6. 您目前是否住在汽车、公园、公共场所、废弃建筑、不合格住房、公交或火车站，或类似环境中?  
 Are you currently living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting?  
 是/YES     否/NO
7. 您目前是否住在紧急或过渡性庇护所? / Are you currently residing in an emergency or transition shelter?  
 是/YES     否/NO
8. 您的主要夜间居所是否为非指定或通常不用作人类常规睡眠住处的公共或私人场所? / Is your primary nighttime residence a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings?  
 是/YES     否/NO



### 2024-2025 年发布协议和致谢 / 2024-2025 Release Agreements and Acknowledgements

#### 媒体参与 – 必须每年更新。 / Media Participation – Must be updated annually.

- 是 - 我同意学区在公共或学校媒体出版物中包含我孩子的图像、声音和/或姓名。 / Yes - I consent to the school district to include my child's image, voice, and/or name in public or school media publications.
- 否 - 我不希望我的孩子被哥伦比亚公立学校和/或媒体机构的代表拍照、采访和/或录像。从这些活动中获得的任何信息或图像不得被学区和/或媒体机构复制用于广告、宣传或教育活动。这包括：CPS出版物、视频、学校网站和学校电视节目。 / No - I do not want my child to be photographed, interviewed, and/or video taped by representatives of Columbia Public Schools and/or media outlets. Any information or images obtained from these activities may not be reproduced by the school district and/or media outlets for use in advertising, publicity, or educational activities. This includes: CPS publications, videos, school websites, and school television programs.

#### 年鉴 / Yearbook

如果您选择退出媒体发布，请指明您是否希望这个孩子的图像和姓名出现在年鉴中。

If you are opting out of the media release, please indicate whether or not you want this child's image and name to appear in the yearbook.

- 是，我同意让这个孩子的图像和姓名出现在学校的年鉴中 / Yes, I agree to have this child's image and name appear in the school's yearbook.
- 否，我不同意让这个孩子的图像和姓名出现在学校的年鉴中 / No, I do not consent to having this child's image and name appear in the school's yearbook

#### 实地考察 / Field Trip

- 是 - 我允许这个孩子参加与学校课程相关的实地考察 / Yes - I give permission for school-related curricular field trips.
- 否 - 我不同意这个孩子参加与学校课程相关的实地考察 / No - I do not consent for school-related curricular field trips.

#### 家长手册 / Parent Handbook

我接受学生/家长手册内容的责任。我理解手册包含我的孩子和我在学年期间可能需要的信息。我理解学校应该是一个安全的地方，所有学生都将对他们的行为负责。我理解每所学校都提供这本手册的纸质版，或者可以在以下网址电子访问：<https://www.cpsk12.org/cms/lib/MO01909752/Centricity/Domain/47/StudHandsec.pdf> / I accept responsibility for the content of the Student/Parent Handbook. I understand that the handbook contains information that my child and I may need during the school year. I understand that schools should be a safe place and that all students will be held accountable for their behavior. I understand that paper copies of this handbook are available at each school or may be accessed electronically

#### 军事选择退出：仅适用于11/12年级学生 / Military Opt-Out: only intended for students in grades 11/12

联邦法律要求学区向军事招募人员提供某些信息。除非家长另有要求，否则学区必须应军事招募人员的要求提供高中生的姓名、地址和电话列表。 Federal law requires that school districts provide military recruiters certain information. The school district must provide, upon request by military recruiters, access to high school students' names, addresses, and telephone listings, unless the parent requests otherwise.

- 同意 – 高中生（如果年满18岁）或学生的家长可以要求不向军事招募人员发布学生的姓名、地址和电话列表。 Consent – The high school student (if 18 years old) or the parent of the student may request that the student's name, address, and telephone listing NOT be released to military recruiters.
- 接触学生 – 每个学区应为军事招募人员提供与高等教育机构、社区大学和潜在雇主（通常）相同的接触高中生的机会 Access to students – Each district shall provide military recruiters the same access to high school students as it provides (in general) to higher education institutions, community colleges, and prospective employers.

如果您不希望将学生的姓名、地址和电话列表发布给军事招募人员，请在此处表明您的偏好。必须在每年9月30日之前收到。 / If you do not want your student's name, address and telephone listing released to military recruiters, please indicate that preference here. MUST be received before Sept 30<sup>th</sup> annually.

- 不要为军事招募发布我学生的信息。 / Do NOT release my student's information for military recruitment

\_\_\_ 过敏/过敏性反应：在发生过敏性反应事件时，当过敏反应可能由昆虫叮咬、药物或食物过敏或未知过敏原引起时，可能会给学生使用苯海拉明 ( Benadryl®) 和/或自动注射肾上腺素。如果使用肾上腺素，将通知紧急医疗服务 ( 911)

。 / **Allergy/Anaphylaxis:** In the event of an anaphylaxis episode, when an allergic reaction may be triggered by an insect bite, drug or food allergy or an unknown allergen, diphenhydramine (Benadryl®) and/or auto-injectable epinephrine may be administered to students. EMS (911) will be notified if epinephrine is administered.

\_\_\_ 哮喘：在严重哮喘发作事件中，如果学生对其初始快速缓解药物没有反应，或在学校没有药物供应，将采取即时行动。如果持续出现呼吸困难症状，将通知紧急医疗服务 ( 911) 并给予Duoneb®。 / **Asthma:** In the event of a

severe asthma episode where a student does not respond to his/her initial quick relief medication, or does not have a supply at school, immediate action will be taken. EMS (911) will be notified with continued signs of respiratory distress and Duoneb® will be administered.

**营养服务/ Nutrition Services**

\_\_\_ 我确认我可以访问免费和减价午餐常见问题解答和申请表，这是我学生年度注册的一部分，也可以在营养服务部

网站上获取: [HTTPS://www.cpsk12.org/nutritionservices/](https://www.cpsk12.org/nutritionservices/) I acknowledge that I have access to the **Free and Reduced Lunch FAQ and application** as part of my scholar's annual enrollment, which is also available on the Nutrition Services department website: <https://www.cpsk12.org/nutritionservices>

\*\* 必须每年提交申请以维持免费/减价午餐状态。 / Applications must be submitted annually to maintain free/reduced lunch status.

\_\_\_ 我确认我了解债务收集程序文件，这是我学生年度注册的一部分，也可以在营养服务部网站的早餐和午餐程序

下查看。 / I acknowledge that I am aware of the **Debt Collection Procedures** document as part of my scholar's annual enrollment which may also be reviewed on the Nutrition Services department website under **Breakfast and Lunch Procedures**.

\_\_\_ 我理解符合全国学校午餐计划资格的学生在整个学年可能有资格获得额外的经济支持。我同意向学校辅导办公室披

露我学生的免费/减价午餐价格状态，以便为我的学生联系其他经济机会。 / I understand that students who qualify for the National School Lunch Program may also be eligible for additional financial support throughout the school year. I give permission for my student's free/reduced lunch price status to be disclosed to the school counseling office for the purpose of connecting to other financial opportunities for my student.



家长/监护人签名 日期 \_\_\_\_\_

Parent/Guardian's signature and date

**旅行同意书/TRAVEL CONSENT**

我特此允许我的孩子 (NAME), \_\_\_\_\_, 学号 (午餐号) (LUNCH NUMBER) \_\_\_\_\_, 参加旅行活动

。如果在常规学年内进行学校旅行，我将向学校告知我孩子的请假情况。 I hereby give my scholar, \_\_\_\_\_, student number (lunch number) \_\_\_\_\_, permission to participate in the travel activities. I will notify my school of my scholar's excused absence if the school trip takes place during the regular school year.



(家长/监护人签名) (PARENT/GUARDIAN SIGNATURE) (日期) (Date)

## 学生行为规范与规程/SCHOLAR CONDUCT PRACTICES AND PROCEDURES

1. 不得污损公共财产。若对任何财产造成任何损坏，须由责任个人或团体赔付。 There shall be no defacing of public property. Any damages to any property must be paid for by the individual or group responsible.
2. 学生应随时向其成年导师报告其活动和行踪。 There shall be no defacing of public property. Any damages to any property must be paid for by the individual or group responsible.
3. 学生应及时为所有活动做好准备。 Scholars should be prompt and prepared for all activities.
4. 在任何时候和任何情况下，学生均不得携带任何形式的酒精饮料或麻醉品。 No alcoholic beverages or narcotics in any form shall be possessed by scholars at any time, under any circumstances.
5. 禁止吸烟或使用电子烟。 No smoking or vaping will be permitted.
6. 未经成年导师或行为监督人允许，任何学生均不得离开指定区域，除非是为了开展经允许的活动。 No scholar shall leave designated areas (except for authorized activities) unless permission has been received from the adult advisor or chaperone.
7. 学生需要参加安排的所有一般研讨和活动，包括已报名的研讨会比赛项目、委员会会议等，除非同时要参加一些特定任务。 Scholars are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
8. 学生应始终随身携带或佩戴适当的身份证件。 Scholars should be always carrying or wearing appropriate identification.
9. 着装得体。 Appropriate dress is expected.
10. 学生应以适当和尊重的方式使用技术。 Scholars will use technology in an appropriate and respectful manner.
11. 学生不得进行任何猥亵、不雅、性或淫秽行为或表达。 Scholars shall not engage in any lewd, indecent, sexual, or obscene act or expression.
12. 学生不得进行口头、身体或性骚扰、欺侮或辱骂。禁止对任何人使用基于种族、肤色、宗教、民族起源、血统、年龄、性别、性取向或残疾的侮辱性言论。 Scholars shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

我同意本文件中所述的学生前往参加旅行相关活动。我确认，任何违规行为都可能导致学生被立即送回其住家社区，费用由其家人/监护人承担。家长/监护人负责在必要时，到机场、汽车站等地点接送学生回家。 I approve of the scholar named in this document to attend and travel to trip-related activities. I realize that violation of any rules can result in the immediate return of the scholar, at family's/guardian's expense, to their home community. It is the responsibility of the parent/guardian to meet the scholar at the airport, bus terminal, etc., should it be necessary to send the scholar home.

我已向我的孩子说明并讨论《学生行为规范与规程》。 I have explained and discussed the Scholar Conduct Practices and Procedures with my child.



(家长/监护人签名)

Parent/Guardian Signature

(日期)

Date

### 医疗同意书/MEDICAL CONSENT

**保险：**各参与者负责自行承担医疗费用。**建议但不要求**购买医疗保险。

**INSURANCE:** Each participant is responsible for their own medical expenses. **Medical insurance is recommended but not required.**

医疗保险公司名称 (Medical Insurance Company Name) \_\_\_\_\_

电话 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ 保单号 Policy Number \_\_\_\_\_

学生的医生 Scholar's Physician \_\_\_\_\_ 电话 Phone ( \_\_\_\_\_ ) \_\_\_\_\_

学生的牙医 Scholar's Dentist \_\_\_\_\_ 电话 Phone ( \_\_\_\_\_ ) \_\_\_\_\_

我授权 CPS 工作人员、承包商、志愿者或其他医务人员根据其判断，在其酌情认为有必要且无法联系到家长/监护人时，为我的孩子获得或提供医疗护理，将我的孩子运送到医疗设施，并获得其认为对孩子的健康有必要的治疗（包括但不限于常规或紧急医疗护理、住院、注射、麻醉或手术）。我同意支付与该护理和运送相关的一切费用，并同意提供（向或由 CPS 提供）对治疗、转诊、计费或保险有必要的任何医疗记录。家长/监护人注释：除非受本表所限制，我的孩子被允许参加所有

CPS 活动。我保证，本表上提供的信息均准确、完整，我未隐瞒任何信息。 I authorize CPS staff, contractors, volunteers or other medical personnel, when they deem necessary using their judgment and sole discretion, if parent/guardian cannot be reached, to obtain or provide medical care for my scholar, to transport my scholar to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) considered necessary for my scholar's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by CPS) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents/guardians: except to the extent limited by this form, my scholar has permission to participate in all CPS activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

我 (I), \_\_\_\_\_, \_\_\_\_\_ 的 (of)

(家长/监护人姓名) (Name of Parent/Guardian)

(学生姓名) (Relationship to Scholar)

\_\_\_\_\_  
(与学生的关系) (Name of Scholar)

**个人责任确认和责任免除书/ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY**

我和我的孩子承担我的孩子因前往、参加和离开上述旅行而可能面临的任何风险。我愿意全权负责承担我的孩子因前往、参加和离开上述旅行而发生的任何伤害或疾病的所有医疗费用。

通过签署本表，我特此免除哥伦比亚第 93 学区、其董事会、其董事会成员、管理人员、董事、官员、教师、代理人、雇员、受让人和志愿者（以下简称“被免责方”）因为或以任何方式关于我的孩子因前往、参加或离开上述实地参观而发生的任何人身或财产损失、损害、疾病、伤害（包括死亡）而遭受的一切所有索赔、要求、行动、投诉、诉讼或其他形式的责任（以下简称“被免责索赔”）。

针对被免责索赔，包括一切相关成本、律师费用、责任、和解和/或判决，我们还同意向被免责方作出赔偿并使其免受损害。

我们了解，我们可以拒签本表。


我们确认，我们已仔细阅读本《个人责任确认和责任免除书》，并知情且自愿同意其条款。我还确认，我是本表中所述学生的家长或法定监护人。

我们已阅读并理解本《个人责任确认和责任免除书》。

我们已于 20\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

签署本《个人责任确认和责任免除书》。

We have signed this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

 \_\_\_\_\_

**(家长/监护人签名) (Parent/Guardian Signature)**

**(日期) (Date)**

English: My scholar and I assume any risk that may arise from my scholar’s transportation to, participation in and transportation from the above-described trip. I accept full responsibility for any and all medical expenses for any injuries or illness that occur to my scholar as a result of my scholar’s transportation to, participation in, and transportation from the above-described trip.

By signing this form, we hereby release the Columbia School District No. 93, its Board, its Board members, administrators, directors, officers, teachers, agents, employees, assigns, and volunteers (the “Released Parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of or in any way related to any personal or property loss, damage, illness, injury, including death, caused to my scholar through my scholar’s transportation to, participation in, and transportation from the above-described field trip (the “Released Claims”).

We also agree to indemnify and hold harmless the Released Parties from the Released Claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

We understand that we have the ability to refuse to sign this form.

We confirm that we have carefully read this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the scholar identified in this Form.

This ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY has been read and is understood by us.