



# Little Lotus Academy Registration Form

## 小蓮花學校入學註冊表

\*\*To be completed by parent/guardian \*\*由家長/監護人填寫

\*\*Please fill out all fields \*\*請填滿所有空格

\*\* Mail or email \*\*郵寄或email給學校

47 Academy Ave., Middletown, NY 10940

[info@littlelotusacademy.org](mailto:info@littlelotusacademy.org)

(845) 281-0522

Date 日期: \_\_\_\_\_

### Family Information 家庭信息:

Parent Name 家長姓名: \_\_\_\_\_ Tel 電話: \_\_\_\_\_

Parent Name 家長姓名: \_\_\_\_\_ Tel 電話: \_\_\_\_\_

Address 家庭地址: \_\_\_\_\_

Email(s) 電郵信箱: \_\_\_\_\_

*Little Lotus Academy is a religious school based on Falun Dafa cultivation.*

*Please share about your family's cultivation in Falun Dafa.*

小蓮花學校是信仰法輪大法的學校。請介紹一下家人修練狀況。

Date and place of attaining the Fa 得法時間及地點:

Parent 1 家長1: \_\_\_\_\_ Parent 2 家長2: \_\_\_\_\_

When did your family move to the Middletown area? 何時搬來Middletown? \_\_\_\_\_

Where did your family move from? 從哪個地區搬來的? \_\_\_\_\_

Why did your family move to the Middletown area? 搬來Middletown的原因? \_\_\_\_\_

Please provide reference names and contacts of a Falun Dafa assistant or project leader:

請家長填寫相關佛學會/輔導站/大法項目負責人的聯繫方式:

Contact 1 聯系人1姓名: \_\_\_\_\_ Title 職務 \_\_\_\_\_ Tel 電話: \_\_\_\_\_

Contact 2 聯系人2姓名: \_\_\_\_\_ Title 職務 \_\_\_\_\_ Tel 電話: \_\_\_\_\_

**1. Student Information (Please use legal name) 學生信息 (請使用正式名稱):**

(Please provide both English and Chinese Name if applicable)

Last Name姓: \_\_\_\_\_ First Name名: \_\_\_\_\_

Middle Name中間名: \_\_\_\_\_ Nick name (if any) 暱稱(如果有): \_\_\_\_\_

Gender性別: \_\_\_\_\_ Date of Birth出生日期: \_\_\_\_\_

Current Grade 目前年級: \_\_\_\_\_ Enrolling Grade申請入學年級: \_\_\_\_\_ Start Date開始日期: \_\_\_\_\_

Home phone家庭電話: \_\_\_\_\_ Cell phone手機號碼: \_\_\_\_\_

Current Address目前地址

Street Address街道地址: \_\_\_\_\_

City城市: \_\_\_\_\_ State州(省): \_\_\_\_\_ Zip郵編: \_\_\_\_\_ Country國家: \_\_\_\_\_

Previous Address以前地址

Street Address街道地址: \_\_\_\_\_

City城市: \_\_\_\_\_ State州(省): \_\_\_\_\_ Zip郵編: \_\_\_\_\_ Country國家: \_\_\_\_\_

Student Resides with:  Both Parents  Mother  Father  Foster Parents

Mother /Stepfather  Father/Stepmother  Other

Student's Nationality學生國籍:  US Citizen美國公民  US Permeant Resident美國永久居民

Other nationality. Please specify 其他國籍, 請說明 \_\_\_\_\_

Previous School Information for 以前的入學資訊 \_\_\_\_\_ (Student's Name學生姓名)

School Attended就讀學校: \_\_\_\_\_

Location/address地址: \_\_\_\_\_

From – to 開始日期 –結束日期: \_\_\_\_\_

Special Programs Attended (ESL/Special Education)參加过的特殊教育:

\_\_\_\_\_

School Attended就讀學校:

\_\_\_\_\_

Location/address地址:

\_\_\_\_\_

From – to 開始日期 –結束日期:

\_\_\_\_\_

Special Programs Attended (ESL/Special Education) 參加过的特殊教育 (ESL等): \_\_\_\_\_

Siblings 兄弟姊妹：

(Please provide both English and Chinese Name if applicable)

Name姓名：\_\_\_\_\_ Gender性別：\_\_\_\_\_ Date of Birth出生日期：\_\_\_\_\_

School 學校\_\_\_\_\_ Grade 年級：\_\_\_\_\_

Name姓名：\_\_\_\_\_ Gender性別：\_\_\_\_\_ Date of Birth出生日期：\_\_\_\_\_

School 學校\_\_\_\_\_ Grade 年級：\_\_\_\_\_

Name姓名：\_\_\_\_\_ Gender性別：\_\_\_\_\_ Date of Birth出生日期：\_\_\_\_\_

School 學校\_\_\_\_\_ Grade 年級：\_\_\_\_\_

**2. Health Insurance Information 醫療健康資訊：**

Does this student have health insurance? 該學生有健康保險嗎？

Yes有 → If “Yes”, what type of coverage is it? 如果有，是那類保險？

Private health insurance私人健康保險  Medicaid醫療補助  Child Health Plus B兒童健康B+

No沒有 → If “No”, would you like to be contacted about getting coverage? 您願意就獲得保險事宜與您聯繫嗎？

Yes是  No否

**3. Health Alert 健康警報：**

Is there any health condition that affects the student's participation in physical activities?

是否有影響學生參與體育活動的健康狀況？

Yes 是  No 否

If "Yes", please describe 如果有，請加以描述：

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**4. Allergy Information 過敏資訊：**

1. Has your child been diagnosed with allergies/anaphylactic reactions by a healthcare provider ?

您的孩子是否被醫生診斷出過敏/過敏反應？  Yes 是  No 否

If yes, at what age or year? 如果是，在什麼年齡或哪一年？

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2. Please list all of your child's allergies, including foods 請列出您孩子的所有引起過敏的東西，包括食物：

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3. Is it necessary to avoid physical contact or inhalation of allergen(s)?

是否有必要避免身體接觸或吸入過敏原？  Yes 是  No 否

4. How soon after exposure does your child react? 接觸後多久孩子會有反應？

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5. What are the early signs and symptoms of your child's allergic reaction? (Be specific; include things the student might say.)

您孩子過敏反應的早期迹象和症狀是什麼？（請具體描述；包括孩子可能會使用的語言描述）

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5. List any symptoms your child has had in the past 列出您的孩子過去有過的任何症狀：

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6. How responsible is your child in preventing and responding to an allergen(s)? (Check all that apply) 孩子在預防過敏和识别過敏原方面的認知程度 (勾选所有適用选项)

- My child knows what allergen(s)/foods to avoid 孩子知道要避免哪些過敏原/食物
- My child knows to ask about ingredients in food, if unsure 如果不確定，孩子知道詢問食物成分
- My child knows to immediately tell an adult if exposed to an allergen 孩子知道如果接觸過敏原要立刻告訴大人
- My child knows to always have someone go with them for help if having an allergic reaction or after having administered their emergency medication 孩子知道，如果出現過敏反應或服用緊急藥物後，要叫他人陪伴幫助
- My child can give their own injection with an epinephrine auto-injector (Epipen) if prescribed by their healthcare provider 孩子可以自行使用醫生開的腎上腺素自動注射器 (Epipen)
- Other \_\_\_\_\_

**5. Emergency Contacts 緊急聯絡人：**

Contact 1 Name 聯系人1姓名：\_\_\_\_\_ Relationship 和學生的關係 \_\_\_\_\_

Home Phone 家庭電話：\_\_\_\_\_

Work Phone 工作電話：\_\_\_\_\_

Cell Phone 手機：\_\_\_\_\_

Address 地址：\_\_\_\_\_

Contact 2 Name 聯系人2姓名：\_\_\_\_\_ Relationship 和學生的關係 \_\_\_\_\_

Home Phone 家庭電話：\_\_\_\_\_

Work Phone 工作電話：\_\_\_\_\_

Cell Phone 手機：\_\_\_\_\_

Address 地址：\_\_\_\_\_

Contact 3 Name 聯系人3姓名：\_\_\_\_\_ Relationship 和學生的關係 \_\_\_\_\_

Home Phone 家庭電話：\_\_\_\_\_

Work Phone 工作電話：\_\_\_\_\_

Cell Phone 手機：\_\_\_\_\_

Address 地址：\_\_\_\_\_

**6. Parental Notification 家長通知:**

As required by Section 4402 of NYSED Law, you are hereby notified of your right to initiate a referral of your child for the purposes of determining the need for special education services for the child. You are directed to the following web page to access Special Education in New York State for Children Ages 3-21.

根據 NYSED 法律第 4402 條的要求，特此告知，您有權提出給孩子推薦特殊教育的評估，以確定該孩子是否需要特殊教育服務。您可以訪問以下網頁，紐約州針對 3-21 歲兒童的特殊教育。

<https://www.nysed.gov/special-education/special-education-topics-a-z>

**Addendum to Registration to New Student 新生註冊附錄:**

- 1. Does your child have a known or suspected disability that substantially impacts learning?

您的孩子是否患有嚴重影響學習的已知或疑似殘疾？  Yes 是  No 否

If “Yes”, please describe 如果有，請加以描述：

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- 2. Has your child been evaluated for a disability 您的孩子是否接受過殘疾評估？  Yes 是  No 否

If “Yes”, please describe 如果是，請加以描述：

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- 3. Has your child been classified by a committee on Special Education as a student eligible to Special Education Services 您的孩子是否被特殊教育委員會歸類為有資格獲得特殊教育服務的学生？  Yes 是  No 否

If “Yes”, please describe 如果是，請加以描述：

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- 4. Has your child received any special services (i.e., Speech, OT, PT, MTSS, ESL, etc.) in a previous school 您的孩子在以前的學校是否接受過任何特殊服務（即語言、OT、PT、MTSS、ENL 等）？  Yes 是  No 否

If “Yes”, please describe 如果是，請加以描述：

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**7. Parent or Guardian Oath 家長或監護人宣誓:**

I \_\_\_\_\_ (Parent/Guardian Name), say that I am the parent/guardian of \_\_\_\_\_ (student name), and that I have read the foregoing application and know the contents thereof, that the same are true to my own knowledge and that I have given the answers set for the above knowing that the Little Lotus Academy will rely upon them in determining whether the child is to be admitted to this school.

我 \_\_\_\_\_ (家長/監護人姓名) , 是 \_\_\_\_\_ (學生姓名) 的家長/監護人。我已閱讀上述申請並了解其內容，據我所知，上述內容屬實，並且我已經給出了上述問題的答案，明白小蓮花學校將依靠這些信息來決定孩子是否被該學校錄取。

Signature of Parent/Guardian: 家長/監護人簽名 : \_\_\_\_\_ Date日期 \_\_\_\_\_

Checked by School Official校方檢查人員 : \_\_\_\_\_ Date日期 \_\_\_\_\_