



**洛杉磯聯合學區**  
**放學鈴響以後分處(Beyond The Bell Branch)**  
**緊急狀態移民教育計畫 (EIEP)**

## 登記表

學生姓氏		學生名		<input type="checkbox"/> 男 <input type="checkbox"/> 女
地址			電話	
生日(月, 日, 年)		出生國		家中語言
家長/監護人性氏		名字		

### 緊急情況時的聯繫方法

姓名	電話
醫生或者緊急情況聯繫人姓名	電話

家長/監護人簽名 \_\_\_\_\_ 日期 \_\_\_\_\_

### TO BE COMPLETED BY SCHOOL OF ATTENDANCE

**Incomplete forms will not be processed.**

SCHOOL OF ATTENDANCE						STUDENT DISTRICT ID NUMBER (10 DIGITS)					
SCHOOL OF RESIDENCE (IF TRANSPORTED)											
TEACHER						ROOM			GRADE		
ELD LEVEL	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	WHICH SCHOOL YEAR DID THIS STUDENT FIRST ENROLL IN A U.S. SCHOOL? REFER TO THE EIEP SURVEY.			05-06	06-07	07-08
ADDITIONAL COMMENTS: (HEALTH, RELEASE INFORMATION, ETC.)											

**VERIFICATION OF ELIGIBILITY: I certify that this student is eligible to participate in the EIEP.**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date