San Jose Chinese School

High School Student Language Credit Transfer Application

申請日期 **Date of Application:** _____

學生姓名:	家長**Parent's Email:**	電話 **phone:**
Name of Student:	年齡**Age:**	出生日期 **Date of Birth:** mm / dd / yy
SJCS班級**Class id:**	現就讀高中**Current High School** : 學區**School District** 年級**Grade:**	

以下由級任導師及教務處填寫**The following to be filled out by the teacher and Academic Dept.**

學年出席率 **Attendance:**	學年總成績 **Average Grade:**	校方核對人姓名/職位 (請用正楷填寫) **Verification by School Personnel - Name /Position (please print):** 核對人簽名 **Signature of Verification:**
級任導師核批 **Verified by Teacher:**		核對日期 **Date of Verification:**

申請結果 Decisions:

聖荷西中文學校 **SJCS**: 批准**Approved /** 不批准**Not Approved**

教務主任 **Academic Director:** _____ 校長 **Principal:** _____日期**Date:**_____

高中**High School:** 批准**Approved /** 不批准 **Not Approved** 日期**Date:**_____

無論任何原因，本表格概不補發 ***No Replacement for this Form for Any Reason***