**淡江大學華語密集研習班**

**Intensive Chinese Enhancement Program**

**學員外出/週末外宿同意書**

**Parental Consent Form**

學員編號Student ID No.：\_\_\_\_\_\_\_\_\_

茲同意學員\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(中文姓名) 於淡江大學參加密集華語研習班期間外出/外宿 (請於下表勾選)，其在外所發生一切行為皆由本人及學員自行負責。

I permit my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) to go out/stay overnight off campus (choose from the following options) during the period of the Language Study Program for Expatriate Youth. All behaviors outside the school will be the responsibility of me and my child.

此致Intensive Chinese Enhancement Program

淡江大學華語密集研習班 Tamkang University Intensive Chinese Enhancement Program

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| **Please select one option in each column.** | | |
| **平日外出**  **Go out on WEEKDAYS**  **18:30-22:00** | **週末外出**  **Go out on WEEKENDS**  **Fri. 18:30-22:00 and**  **Sat.Sun. 08:00-22:00** | **週末外宿**  **Stay overnight off campus on WEEKENDS**  **Fri. 18:30 to Sun. 22:00** |
| □不行外出Can’t go out  □自行外出Go out alone  □結伴外出(2人以上)  Go out with other students | □自行外出Go out alone  □結伴外出(2人以上)  Go out with other students  □親友接送外出  Pick up by relatives or friends | □自行外宿Leave campus and  stay overnight alone  □親友接送外宿  Pick up by the following  authorized persons and stay off  campus on Saturday nights  □不可外宿  Can’t stay off campus |

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| **可接送學員之在台親友名單 (Authorized Relatives and Friends in Taiwan)** | | | |
| **姓名**  **Name** | **關係**  **Relationship** | **聯絡電話**  **Contact No.** | **地址**  **Address** |
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立書人簽名Signature：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

註: 立書人僅限於學員之父母或在台監護人

Consent can only be made by the student’s parents or guardians in Taiwan.

日期Date (yyyy/mm/dd): 2019 / / /