



淡江大學密集華語研習班

Tamkang University Intensive Chinese Language Program

學員外出/週末外宿同意書

Parental consent

學員編號 Student ID No. : _____

茲同意學員 _____ (中文姓名) 於淡江大學參加淡江大學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 Intensive Chinese Language Program. All behaviors outside the school will be the responsibility of me and my child.

此致

淡江大學密集華語研習班 TKU Intensive Chinese Language Program

Please select one option in each column.		
平日外出 WEEK DAY 18:30-22:30	週末外出 WEEKEND Fri. 18:30-22:30 and Sat. Sun. 08:00-22:30	週末外宿 WEEKEND Fri. 18:30 to Sun. 22:30
<input type="checkbox"/> 不行外出 (No go out at all) <input type="checkbox"/> 自行外出 (Go out alone) <input type="checkbox"/> 結伴外出 (2 人以上) (Go out with other students)	<input type="checkbox"/> 自行外出 (Go out alone) <input type="checkbox"/> 結伴外出 (2 人以上) (Go out with other students) <input type="checkbox"/> 親友接送外出 (Take out by relative or friend)	<input type="checkbox"/> 自行外宿 (Leave campus and stay overnight alone) <input type="checkbox"/> 親友接送外宿 (Take out by following people and stay out for the Sat. night) <input type="checkbox"/> 不可外宿 (Not allow to stay overnight)

在台親友名單 (Relatives and Friends in Taiwan)

僅有以下親友可以接送外出、外宿或辦理離營

(Only the permitted relatives and friends as listed below can sign out and check out)

姓名 Name	關係 Relationship	聯絡電話 Contact No.	地址 Address

立書人 Signature of Guardians : _____

註：立書人僅限於學員之父母

Signature of parents

日期 Date (yyyy/mm/dd): _____ / _____ / _____