

Philadelphia ကျောင်းပညာရေးဌာန /School District of Philadelphia

အရေးပေါ် ဆက်သွယ်နိုင်မည့် သူများ စာရင်း/Emergency Contact Form

လိင် <i>Sex</i>		အတန်း <i>Grade</i>	အခန်းနံပါတ် <i>/Rm/Sec/Bk</i>	
ကျောင်းသူ/သားနံပါတ် <i>Student ID</i>	ကျောင်းသူ/သား နာမည် (နောက်ဆုံး၊ ပထမဆုံး) Student's Name (Last Name, First Name)		မွေးသက္ကရာဇ်/ DOB	ကျောင်းနံပါတ် <i>/School No.</i>
		<small>လ/ Mo. နေ့/ Day ခုနှစ်/ Yr.</small>		
နေရပ်လိပ်စာ/Address			တိုက်ခန်းနံပါတ်/Apt. No)	အိမ်ဖုန်းနံပါတ်/Home phone
ကျောင်းသူ/သား၏ လျှို့ဝှက်နံပါတ် (မပေးချင်ရင် ကိစ္စမရှိပါ) /Enter child's SSN (optional)		ဤကလေးသည် ကျန်းမာရေးကင် ရှိပါသလား? ရှိတယ် ___/မရှိဘူး ___ Does this child have health insurance? Y_____ N_____		
ကလေး၏ ပုံမှန်ဆရာဝန်(သို့) ဆေးခန်းနာမည် <i>/Name of child's doctor/clinic</i>		ဖုန်းနံပါတ်/Telephone No.		
ကလေး၏ ပုံမှန်သွားဆရာဝန် (သို့) ဆေးခန်းနာမည် <i>Name of child's dentist/clinic</i>		ဖုန်းနံပါတ်/Telephone No.		
အကယ်၍ရှိခဲ့ပါက အောက်ဖော်ပြပါထဲက အမှတ်ပေးပါ။ If yes, check the appropriate health insurance provider below				
<input type="checkbox"/> Atena/US Health Car <input type="checkbox"/> Health Partners <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Blue Cross <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Other				
ပထမ အရေးပေါ်ဆက်သွယ်ရမည့်သူ(နာမည်အပြည့်အစုံ) မိဘ/ အုပ်ထိန်းသူ <i>First Emergency Contact (full name) Parent/Guardian</i>	ကလေးနဲ့ ဆက်နွယ်မှု <i>Relationship to child</i>	နေ့ခင်းပိုင်း ဖုန်းနံပါတ် <i>Daytime phone</i>	ဆယ်လူလာဖုန်း <i>Cell phone</i>	အီးမိလ်း လိပ်စာ <i>Email Address</i>
ဒုတိယ အရေးပေါ်ဆက်သွယ်ရမည့်သူ (နာမည်အပြည့်အစုံ) <i>/Second Emergency Contact (full name)</i>	ကလေးနဲ့ ဆက်နွယ်မှု <i>Relationship to child</i>	နေ့ခင်းပိုင်း ဖုန်းနံပါတ် <i>/Daytime phone</i>	ဆယ်လူလာဖုန်း <i>Cell phone</i>	အီးမိလ်း လိပ်စာ <i>Email Address</i>
တတိယ အရေးပေါ်ဆက်သွယ်ရမည့်သူ (နာမည်အပြည့်အစုံ) <i>Third Emergency Contact (full name))</i>	ကလေးနဲ့ ဆက်နွယ်မှု <i>Relationship to child</i>	နေ့ခင်းပိုင်း ဖုန်းနံပါတ် <i>Daytime phone</i>	ဆယ်လူလာဖုန်း <i>Cell phone</i>	အီးမိလ်း လိပ်စာ <i>Email Address</i>

Philadelphia Sianginn Zung /School District of Philadelphia
Emergency Pehlaihna (Emergency Contact Form)

Nu maw Pa <i>Sex</i>	Tang zeizat <i>Grade</i>	A khan nambar <i>Rm/Sec/Bk</i>		
Na Fa ID (<i>Student ID</i>)	Na Fa Min (Min donghna, Min hramthawk) <i>Student's Name (Last Name, First Name)</i>	A Chuah Ni (<i>DOB</i>) Thla/ Mo. Ni / Day Kum/ Yr.		
Nan umnak inn address / <i>Address</i>		Inn phone nambar (<i>Home phone</i>)		
Na fa i Social Security nambar (tial khaw tial lo khawh) / <i>Enter child's SSN (optional)</i>		Na fa nih Medicaid a ngei maw? Ngei____ Ngei lo____ <i>Does this child have health insurance? Y____ N____</i> A ngeih ahcun, a tanglei i ze i bantuk insurance dah a si thim <i>If yes, check the appropriate health insurance provider below</i>		
A sibawi min /Sikhan min <i>Name of child's doctor/clinic</i>	Phone Nambar/ <i>Telephone No.</i>	<input type="checkbox"/> Atena/US Health Car <input type="checkbox"/> Health Partners <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Blue Cross <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Other		
A ha sibawi min/ Sikhan min <i>Name of child's dentist/clinic</i>	Phone Nambar/ <i>Telephone No.</i>			
Pakhatnak Emergency tikah pehlaih dingmi (a min dihlak) Nu le Pa/Zohkhenhtu <i>First Emergency Contact (full name) Parent/Guardian</i>	Ngakchia he an i pehlaih ning (<i>Relationship to child</i>)	Chuncaan phone nambar <i>Daytime phone</i>	Cell phone nambar <i>Cell phone</i>	Email <i>Email Address</i>
Pahnihnak Emergency tikah pehlaih dingmi (a min dihlak) <i>Second Emergency Contact (full name)</i>	Ngakchia he an i pehlaih ning (<i>Relationship to child</i>)	Chuncaan phone nambar <i>Daytime phone</i>	Cell phone nambar <i>Cell phone</i>	Email <i>Email Address</i>
Pathumnak Emergency tikah pehlaih dingmi (a min tling) <i>Third Emergency Contact (full name)</i>	Ngakchia he an i pehlaih ning (<i>Relationship to child</i>)	Chuncaan phone nambar <i>Daytime phone</i>	Cell phone nambar <i>Cell phone</i>	Email <i>Email Address</i>

Philadelphia Sang Lamsang Zum Pi /School District of Philadelphia
Aphat Mawh Hun Aa Thuzaksak Theih Ding Te /Emergency Contact Form

Numei/ Pasal Sex	Tanbangzah Grade	Sangkhan Numbat Rm/Sec/Bk
---------------------	---------------------	---------------------------------

Sang Naupang' ID <i>Student ID</i>	Sang Naupang' Min (A Nunung, A Masa) <i>Student's Name (Last Name, First Name)</i>	Suah Ni / <i>DOB</i>	Sang Numbat <i>/School No.</i>
		Kha/ Mo. Ni / Day Kum/ Yr.	

Inn leihsa <i>/Address</i>	Taihkhannumbat/ <i>Apt. No</i>	Inn phone numbat / <i>Home phone</i>
----------------------------	--------------------------------	--------------------------------------

Sang naupang' Social numbat (Pelh loh piak kul hi kei) <i>/Enter child's SSN (optional)</i>	Hih naupang in zato kilah nang card a nei hiam? Nei___ Nei lo___ <i>Does this child have health insurance? Y___ N___</i> Aneih a leh a nuai a te pan in tel in. <i>If yes, check the appropriate health insurance provider below</i>
A kilah det na zato siavuan' min or a zato min. <i>/Name of child's doctor/clinic</i>	Phone numbat/ <i>Telephone No.</i>
A kilah det na ha zato siavuan' min or a zato min. <i>Name of child's dentist/clinic</i>	Phone numbat/ <i>Telephone No.</i>
<input type="checkbox"/> Atena/US Health Car <input type="checkbox"/> Health Partners <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Blue Cross <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Other	

Donghuu sap masak ding min (amin pi) Nu leh Pa <i>First Emergency Contact (full name) Parent/Guardian</i>	Naupang tawh kizop na <i>Relationship to child</i>	Sunlam phone numbat <i>Daytime phone</i>	Cell phone numbat <i>Cell phone</i>	Email <i>Email Address</i>
Donghuu sap ding anih na min(amin pi) <i>Second Emergency Contact (full name)</i>	Naupang tawh kizop na <i>Relationship to child</i>	Sunlam phone numbat <i>Daytime phone</i>	Cell phone numbat <i>Cell phone</i>	Email <i>Email Address</i>
Emergency' sap ding athum na min(amin pi) <i>Third Emergency Contact (full name)</i>	Naupang tawh kizop na <i>Relationship to child</i>	Sunlam phone numbat <i>Daytime phone</i>	Cell phone numbat <i>Cell phone</i>	Email <i>Email Address</i>